

EMPLOYEE TERMINATION NOTICE

Employee Name	Social Security #	Employee Pin Number	Today's Date
Department	Job Title	Last Date Worked	Termination Date

(CHECK ONE) FULL-TIME PART-TIME HOURLY SPECIAL PROJECT ABE /GED EVENING

TYPE OF SEPARATION (CHECK ONE)

RESIGNATION (ATTACH LETTER OF RESIGNATION) DISMISSAL RETIREMENT LAY OFF

MUTUAL AGREEMENT PROGRAM/PROJECT ENDED REDUCTION IN FUNDS

REASON FOR TERMINATION (CHECK ONE)

VOLUNTARY QUIT POOR JOB PERFORMANCE INSUBORDINATION HEALTH RETIRED

POOR ATTENDANCE REDUCTION IN WORKFORCE FAMILY DISCHARGE FOR MISCONDUCT

EXCESSIVE TARDINESS OTHER _____

RECOMMENDATION (CHECK ONE)

WITHOUT RESERVATION WITH SOME RESERVATION WOULD NOT RECOMMEND

ELIGIBLE REHIRE? YES NO IF NO, REASON: _____

ADDITIONAL COMMENTS:

DEAN/DIRECTOR	APPROVE	DISAPPROVE
BUSINESS MANAGER	APPROVE	DISAPPROVE
PRESIDENT	APPROVE	DISAPPROVE

FOR PAYROLL USE ONLY

Stop Monthly Installments Effective _____ Continue Monthly Installments Until _____

Benefits Cancelled: Life Insurance _____ Hospital Insurance _____ Other _____ Cobra Packet Mailed Date _____