

Termination Form

Employee _____

Last Day Worked _____

Supervisor _____

Is re-employment recommended? Yes No If no, reason:

Is individual transferring to another University Dept.? Yes No If yes:

Dept. _____ Contact Person _____ Campus phone # _____

Reason for Termination:

Voluntary Termination

A University Exit Survey should be given to all voluntary terminating benefited full time employees.

End of Seasonal/Temporary Work

Reduction in Force

Involuntary Termination

Involuntary termination of full time benefited employees must follow H.R. procedures - associated letters/forms must be attached.

I-9 Failure to Certify

Release during Probationary Period

Chronic absenteeism or tardiness

Unqualified – credentials revoked or denied

Violation of University Policy

Unsatisfactory Performance

Other

Other Explain: _____

Immediate Supervisor: _____ Date: _____

Department Head: _____ Date : _____