



# Resignation/Termination Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security or ID #) \_\_\_\_\_ Supervisor \_\_\_\_\_

Full-time:  Part-time:  Terminate employment: Yes  No  Terminate position only: Yes  No

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Date of termination: \_\_\_\_\_ Last physical day worked: \_\_\_\_\_

Rehire Status:  Yes  No

**Termination Reason:**

- Resignation
- Retirement
- Involuntary termination
- Disability
- Exhausted FMLA
- Reduction in force
- End of grant
- Invalid/incomplete paperwork
- Deceased

When will a last timesheet be submitted? Date: \_\_\_\_\_

When will a last leave slip be submitted? Date: \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Payroll Use Only:**

Added: 3/17

Last paycheck date:	
Benefits inactivated:	
Vacation/comp hours paid out:	
Total payout amount:	
Faculty/salary contract payout amount:	