## UNIVERSITY OF ST. THOMAS END OF EMPLOYMENT FORM

Employee No:		Employee Name:	
Department:		Title:	
Home address :			
Home address.			
End date:			
Decree (1 1 )			
Reason (check one  Moved away  Illness  New Job  Personal/Family  Education  Dissatisfied with  Dissatisfied with  Pregnancy  Retirement  Other:	h work condition	s	Performance Misconduct Policy Violation Absenteeism Not qualified for job No show Term of service expired Leave of absence expired Deceased Other:
Comments:			
Approvals:			
Supervisor :			
Appropriate Vice President or Dean of Students:  Signature of President:			
Human Resources use only			
Vacation Balance:			Signature HR Director :