



End of Employment Form

Faculty

Staff/Administrator

Student Worker

Employee Name:

Employee ID No.:

Position No.:

Department:

Title:

Last Day Worked:

Termination Date:

Reason for Termination (Check One):

- New Job
- Education
- Illness
- Moved Away
- Personal/Family
- Retirement
- Dissatisfied with Pay
- Dissatisfied with Supervisor
- Dissatisfied with Work Conditions
- Other Voluntary Reason
- Student Worker – Graduated/School Transfer
- Absenteeism
- Deceased
- Job Abandonment
- Leave of Absence Expired
- Misconduct
- Performance
- Policy Violation
- Term of Service Expired
- Other Involuntary Reason
- Student Worker – Assignment Ends
- Student Worker – Involuntary Termination

Comments:

Approvals:

Supervisor: _____	Date: _____
Appropriate Vice President or Dean: _____	Date: _____

Human Resources Only

Eligible for Rehire:	Signature: _____	Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No		