## End of Employment Form

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Staff/Administrator</th>
<th>Student Worker</th>
</tr>
</thead>
</table>

**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
- □ Student Worker – Assignment Ends
- □ Absenteeism
- □ Deceased
- □ Job Abandonment
- □ Leave of Absence Expired
- □ Misconduct
- □ Performance
- □ Policy Violation
- □ Term of Service Expired
- □ Other Involuntary Reason
- □ Student Worker – Involuntary Termination

**Comments:**

**Approvals:**

**Supervisor:** __________________________________________ Date: ___________

**Appropriate Vice President or Dean:** ____________________________ Date: ___________

### Human Resources Only

**Eligible for Rehire:**

- □ Yes
- □ No

**Signature:** __________________________ Date: ___________

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