

UNIVERSITY OF ST THOMAS END OF EMPLOYMENT FORM

Employee No:	Employee Name:
Department:	Title:
Last day worked:	Termination Date:

Reason (check one):

- | | |
|---|---|
| <input type="checkbox"/> Moved away
<input type="checkbox"/> Illness
<input type="checkbox"/> New Job
<input type="checkbox"/> Personal/Family
<input type="checkbox"/> Education
<input type="checkbox"/> Dissatisfied with work conditions
<input type="checkbox"/> Dissatisfied with pay
<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Retirement
<input type="checkbox"/> Other: | <input type="checkbox"/> Performance
<input type="checkbox"/> Misconduct
<input type="checkbox"/> Policy Violation
<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Not qualified for job
<input type="checkbox"/> No show
<input type="checkbox"/> Term of service expired
<input type="checkbox"/> Leave of absence expired
<input type="checkbox"/> Deceased
<input type="checkbox"/> Other: |
|---|---|

Comments:

Approvals:

Supervisor: _____ **Date:** _____

**Appropriate Vice President
or Dean of Students:** _____ **Date:** _____

Signature of President: _____ **Date:** _____

Human Resources use only:

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