

Termination Form

Please select one:

- Staff Faculty
 Resignation Discharge Retirement

Name: _____ **BUID:** _____

Department: _____

Date of Termination (last day worked): _____

Vacation hours to be paid in final paycheck: _____

Indicate Reason for Termination: (Please check one box)

Voluntary:

- 1A - Job Dissatisfaction
- 1B - Personal Reasons
- 1C - Relocation
- 1D - Return to School
- 1E - Unknown
- 1F - Retired

Involuntary:

- 2A - Discharge for Cause
- 2B - Death
- 2C - Disability
- 2D - Contract Not Renewed
- 2E - Position Eliminated

Forwarding

Address: _____

Would you rehire this employee? Yes No

Comments: _____

Supervisor's Signature

Date