

TERMINATION REPORT/NON-FACULTY EMPLOYEES

To be completed by the immediate supervisor.

Name _____ Southeast ID No. _____

Present Address _____
Street City State Zip

Forwarding Address _____
Street City State Zip

Effective Date of Forwarding Address _____

Department _____ Job Title _____

Date of Termination ____/____/____
Mo. Day Year

REASON FOR TERMINATION: (Mark appropriate reason; if resignation, letter or resignation from employee must be attached)

- | | |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> A. Employee resignation – no reason given | <input type="checkbox"/> I. Employee released – misconduct in connection with work |
| <input type="checkbox"/> B. Employee resignation – leaving city | <input type="checkbox"/> J. Employee released – refusal to work or follow supervisory directions |
| <input type="checkbox"/> C. Employee resignation – attend school | <input type="checkbox"/> K. Employee released – failure to report for work |
| <input type="checkbox"/> D. Employee resignation – military service | <input type="checkbox"/> L. Employee released – refusal to perform specific job requirements |
| <input type="checkbox"/> E. Employee resignation – job dissatisfaction | <input type="checkbox"/> M. Other |
| <input type="checkbox"/> F. Employee resignation – another job | |
| <input type="checkbox"/> G. Retirement | |
| <input type="checkbox"/> H. Laid off | |

If Box H, I, J, K, L or M was checked, then a written statement explaining the termination is required. Please attach an additional sheet or type the statement on the back of this form. The statement should list any date, times and/or actions taken for incidents which led to a termination. Please contact the Director of Personnel Services if there are questions.

_____/_____/_____
Employee Signature Date Department Head Signature Date

_____/_____/_____
Supervisor's Signature Date

****Return one copy to Human Resources**

To be completed by Human Resources

Classification Administrative Clerical
 Professional Skilled Craft
 Technical Service

Unused Vacation Hours _____ Date of Termination ____/____/____
Mo. Day Year

_____/_____/_____
Director of Human Resources Date