

## **TERMINATION OF EMPLOYMENT FORM**

## **Benefit-Eligible Faculty & Staff**

Please attach letter of resignation or any documentation submitted as notification of departure

Section 1: To be completed by Department initiating Termination							
FACULTY/STAFF INFORMATION							
Employee Name:			SMU ID #:				
Job Title/Rank:		Position	#:		Pay Frequency:  Monthly  Bi-weekly		
Home Base Org:	Depart	Department/Division:			Job Status:		
Reason for Termination:	Last Day Worked:						
SIGNATURE (STAFF ONLY)							
Supervisor Signature:	Date:			SMU ID #:			
Financial Officer: Date:							
SIGNATURES (FACULTY ONLY)							
Department/Division Chair:			Date:				
Dean:			Date:				
Financial Officer:			Date:				
Office of the Provost:			Date:				
Section 2: To be completed by Department of Human Resources during exit interview							
While working at SMU did you sustain any injuries?							
Did you inform your supervisor?  Yes	corded?  Yes	orded? Yes No Are you fully recovered? Y		y recovered?  Yes  No			
Employee Mailing Address:		Employee Phone #:					
I,, certify that the information contained herein is true and correct to the best of my knowledge.							
Employee's Signature				 Date			
Section 3: To be completed by Department of Human Resources							
Date of Hire: Termination Date:		Last Day	Last Day Total Unused Accrued Vacation				
		of Pay: to be Paid (staff only):					
CLEARANCES							
Have All Personal Accounts Been Cleared? Yes No				Taxable Tuition Benefits: Yes No			
Miscellaneous Deduction From Final Check \$			HR Associate Initials				
REHIRE ELIGIBILITY (STAFF ONLY)							
☐ Eligible for Rehire							
☐ Ineligible for Rehire							
Reason: Misconduct Associated with Work Progressive Discipline Serious Offense Terminated during probationary period							
Senior Employee Relations Specialist:					Date:		
Associate Vice-President and Chief Human Resources Officer:					Date:		
Section 4: To be completed by Payroll							
Pay Period Ending:	VPO	A\	/c	ASK _	Accou	ınt Code:	
Comments:						_	