

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: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly
Home Base Org:	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? Yes No *(If you answered yes, complete the 3 questions below)*

Did you inform your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was injury recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you fully recovered? <input type="checkbox"/> Yes <input type="checkbox"/> 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 of Pay:	Total Unused Accrued Vacation to be Paid (staff only):
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CLEARANCES

Have All Personal Accounts Been Cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No	Taxable Tuition Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> 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

Employee Relations Specialist Signature:	Date:
Director of Benefits and Compensation:	Date:

Section 4: To be completed by Payroll

Pay Period Ending: _____ VPO _____ AVC _____ ASK _____ Account Code: _____

Comments: