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| logo_150_bt | **EMPLOYMENT TERMINATION FORM** |
| **Office of Human Resources****Southern Illinois University Edwardsville** |

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| **ADMINISTRATIVE & PROFESSIONAL STAFF squr_rd CIVIL SERVICE squr_rd FACULTY squr_rd GRADUATE ASSISTANT** (To be completed by the employee and employing department.) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |       |  | **Banner ID:** |       |
| **Employee’s Email:** |       |  |
| **Supervisor’s Name:** |       | **Supervisor’s Email:** |       |
| **Effective Date:** |       |  |
| **Time:** |       | **[ ]  c.o.b.** **[ ]  a.m.** **[ ]  p.m.** | **Number of hours to be paid for final day of employment:** | full day [ ]  or no. of hours: |      |
|  |
| **FORWARDING ADDRESS:**  | Keeping your address current is necessary in order to receive your W-2's at the end of this tax year. Please contact the Office of Human Resources with any address changes you may have until you receive your final W-2's for this tax year. |
|  |  |       |  |
|  |  |       |  |
|  |  |       |  |
| **PRESENT POSITION:** [ ]  Administrative & Professional Staff [ ]  Civil Service [ ]  Faculty [ ]  Graduate Assistant |
| **Rank/Title:** |       | **Hire Date:** |       | **Current SemiMoSalary or Hrly Rate:** |       |
| **Rank/Title:** |       | **Hire Date:** |       | **Current SemiMoSalary or Hrly Rate:** |       |
| **School, College, or Unit:** |       | **Dept.:** |       | **AIS Budget Purpose:** |       | **Position Number:** |       |
| **School, College, or Unit:** |       | **Dept.:** |       | **AIS Budget Purpose:** |       | **Position Number:** |       |
| **REASON FOR SEPARATION:****[ ]** Appointment Expiration [ ]  Accepting position within the University [ ]  Accepting position elsewhere [ ]  Resignation [ ]  Deceased [ ]  Retirement (Employee Vacation/Sick Leave Reporting Form can be sent on termination date) [ ]  Involuntary Termination  |
|  |
| **Comments:**      |
| **NOTE:** The Office of the Chancellor encourages employees resigning or retiring from SIUE to schedule a personal exit interview with the supervisor of  the employee's immediate supervisor. |
| **SUBMITTED BY:** |  | **DATE:** |  |
|  | Employee's Signature |  |
| **Please sign and make a file copy before forwarding.****The Office of Human Resources WILL NOT be sending copies of this document.****>> SIGN WITH BLUE INK << >> SIGN WITH BLUE INK << >> SIGN WITH BLUE INK <<** |
| **ACCEPTED BY:** |  |  |  |  |  |  |
| Chair/Supervisor |  | Date |  | Dean/Director/Fiscal Officer |  | Date |
| Chair/Supervisor |  |  |  | Dean/Director//Fiscal Officer |  | Date |
| Vice Chancellor |  | Date |  | Vice Chancellor |  | Date |
| Chancellor |  | Date |  | Director, Human Resources |  | Date |

**PLEASE ATTACH EMPLOYEE VACATION/SICK LEAVE
REPORTING FORM TO THIS DOCUMENT**

5/18/17 – previous versions are obsolete