

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

The purpose of this form is to assist departments, employees, and the Office of Human Resources (HR) complete the termination process. It must be submitted to HR prior to employee's last day of work.

Departments: After this form is completed by the employee and the department, fax it to HR Benefits at x2646.

Employee's Last Name:		First Name:	
Banner ID:		Employee's last working date:	
Termination Date:		Department:	
Job Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> A/P Staff <input type="checkbox"/> Civil Service			
Supervisor Name/Phone #:			
Employee is: <input type="checkbox"/> Retiring <input type="checkbox"/> Resigning <input type="checkbox"/> Transferring to another State of Illinois org. <input type="checkbox"/> Other:			
<u>Employee Duties</u>		<u>Department Duties</u>	
<input type="checkbox"/>	Submit resignation to Dept. Supervisor as soon as possible	<input type="checkbox"/>	Collect all University property (keys/access card, p-card, office equipment, uniforms, laptop, etc.)
<input type="checkbox"/>	If retiring, submit paperwork to SURS 90 days in advance	<input type="checkbox"/>	Contact Facilities to remove bldg. access
<input type="checkbox"/>	Update W-4 Info for final W-2 mailing	<input type="checkbox"/>	Audit final Salary Timecard/pay
<input type="checkbox"/>	Update contact information in Cougar Net	<input type="checkbox"/>	Update Vacation/Sick Leave Taken fields in Banner on PEALEAV
<input type="checkbox"/>	Return all University property (keys/access card, p-card, office equipment, uniforms, laptop, etc.)	<input type="checkbox"/>	Submit Vacation/Sick Leave Reporting form to Benefits Dept. immediately upon termination date.
<input type="checkbox"/>	Clean out desk/locker before termination date	<input type="checkbox"/>	Submit Employee Termination form at least 7 days before last day of employment for all
<input type="checkbox"/>	Submit any outstanding Flex Spending (MCAP and/or DCAP) claims	<input type="checkbox"/>	If employee was responsible for any of the following duties, please submit the applicable authorization/removal form: <ul style="list-style-type: none"> • Dept. Time Entry • Vacation/Sick Admin. • Dept. Time Approver • Employee View Access • SARF (submit to ITS)
<input type="checkbox"/>	Pay any outstanding amounts owed to SIUE (parking/library fines)		
<input type="checkbox"/>	Complete the Exit Survey found on the Faculty/Staff webpage .	<input type="checkbox"/>	Contact Telecomm at X3373 to deactivate employee's phone access code.

Supervisor/Dept. Head Signature _____ Date: _____

Employee Signature: _____ Date: _____

HR Signature: _____ Date: _____