

Payroll Termination

Name	_ A#
Department	_ Account Number
Job Title/Rank	Account Number
	_ Date Off Payroll
Reason for Termination	
Lack of Work Leave of Absence from to	
 Left of Own Accord Voluntary quit Illness or injury Withdrew from University Transfer to another campus department Retirement Voluntary Disability 	 Discharged (Explain in detail under remarks and give dates of warnings and prior violations.) At-will employee Violation of University Rules and Regulations Labor Dispute Other
Remarks	
Signature of Employee	Date
Requested By Department Head/Account Administrator's	s Signature
Concurrence Appropriate Vice President (for non-studer	Date
For HR Office Use	
Human Resources Approval Director of Human Reso	urces (For student employees only)
Copy to Budget Office	
Date to Payroll Calculation	