



TERMINATION/LEAVE OF ABSENCE & RETURN/LAYOFF & RETURN

Soc. Sec. No.	Name: Last	First	MI	Date
Position Title	Unit Name			Unit Number
Position Number	Payroll Type _____ MONTHLY _____ HOURLY			

TERMINATION

Reason: _____ Voluntary quit Last day worked _____ Recommended
 _____ Term expired Rehire
 _____ Term no miscon _____ Yes
 _____ Retired _____ No
 _____ Discharged

Remarks: _____

LEAVE OF ABSENCE/RETURN

Start date _____ and (if known) End Date _____ **OR** Return to work date _____

_____ Sick _____ Personal _____ Sabbatical 1/2 pay
 _____ Worker's Comp _____ Leave without pay _____ Sabbatical full pay
 _____ Disability _____ Military _____ Research

Remarks: _____

Vacation payment to be made at this time. _____ Yes _____ No (If yes please attach written authorization)
 Please indicate in remarks area the number of vacation hours if less than available balance.

LAYOFF/RETURN (FOOD SERVICE ONLY)

Start Date _____ **OR** Return to work date _____

Remarks: _____

Vacation payment to be made at this time. _____ Yes _____ No (If yes please attach written authorization)
 Please indicate in remarks area the number of vacation hours if less than available balance.

APPROVALS

Department Head	Date	Vice President	Date
Administrative Officer/Dean	Date	Grant Officer	Date

ROUTING: Unit Administrator, Dean or Department Administrator, Vice President, Grants (if a grant funded org.), Employee Relations

COPIES: White - ERD Canary - VP Pink - Department Gold - Unit