

## TERMINATION FORM

A EMPLOYEE INFORMATION		
Employee ID	First Name & Initial(s)	Surname
Effective Date of Termination (dd/mm/yyyy)	Last Date Worked (dd/mm/yyyy)	Position Code(s)
Remaining Vacation Days for Calendar Year	Vacation Days for Current Benefit Year	
Reason for Termination		
Comments		

B AUTHORIZATION				
Department	Ext.	Name	Signature	Date (dd/mm/yyyy)
Research Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)
Finance Office (University / FHS)	Ext.	Name	Signature	Date (dd/mm/yyyy)

FOR HR USE ONLY		
Active Member of Pension Plan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Notify RSS)
<input type="checkbox"/> Change Secondary Position to Primary Position		
Completed By	Completion Date (dd/mm/yyyy)	
Comments		