

Samford University

Faculty/Staff Termination Form

Employee Name: _____

SUID: _____ School/Dept. _____

Title: _____

Faculty: Staff: Full -time: Part-time: Temporary:

Budget:

Index	Fund	Org.	Acct.	Prog.	Percent
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Budget:

Index	Fund	Org.	Acct.	Prog.	Percent
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Position Control No(s): _____

Last Day Worked: _____
Including vacation or holiday if retirement.

Last Day Paid: _____
Use only if special circumstances exist.

Type of Termination:

Retirement
 Voluntary
 Involuntary
 (requires pre-approval of AVP of Human Resources)

Would Re-employ? Yes No

Reason for Termination: _____

Will this position be filled? Yes No

Dept. Head/Chair: _____ Date _____

Please email to jwindham@samford.edu for approval. Send a copy to anyone in your reporting line who needs this information. (i.e., department budget manager, dean, VP or Provost, ect.)

Human Resources: _____ Date _____

For HR Use Only:

Process:	By:	Date:
Last Date Worked Entered:		
Terminated:		
PREG Verified:		