GL Account No. (#-####-####)



Comments

TERMINATION FORM

Parametric Permination Description B AUTHORIZATION Ext. Name Signature Date (dd/mm/yyy esearch Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ext. Name Company Position Date (dd/mm/yyy inance Office (University / FHS) Ex	Employee ID		First Name & Initial(s)	First Name & Initial(s)		Surname	
emaining Vacation Days for Calendar Year Vacation Days for Current Benefit Year	Effective Date of Termination (dd/mm/wee)		Last Date Worked (dd/mm/yyyy)			Position Code(s)	
B AUTHORIZATION Department Ext. Name Signature Date (dd/mm/yyy Research Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy FOR HR USE ONLY Change Secondary Position to Primary Position	Ellective Date of Termination (dd/mm/yyyy)		Lust Buto Tromas (a.z.	East Suite Worked (dd/mm/yyyy)		Toolion occopy	
B AUTHORIZATION Department	Remaining Vacation Days for Calendar Year			Vacation Days for Current Benefit Year			
B AUTHORIZATION Department Ext. Name Signature Date (dd/mm/yyy Research Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy The property of the property o	eason for Termination						
Department Ext. Name Signature Date (dd/mm/yyy Research Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy FOR HR USE ONLY Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position	Comments						
Department Ext. Name Signature Date (dd/mm/yyy Research Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy FOR HR USE ONLY Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position							
Department							
Department							
Department	S AUTHODIZATION						
Research Office (University / FHS)		_			Т		T
Finance Office (University / FHS) Ext. Name Signature Date (dd/mm/yyy FOR HR USE ONLY Active Member of Pension Plan? Change Secondary Position to Primary Position	Department	Ext.	Name	Name			Date (dd/mm/yyyy)
FOR HR USE ONLY Active Member of Pension Plan? Change Secondary Position to Primary Position	Research Office (University / FHS)	Ext.	Name		Signature		Date (dd/mm/yyyy)
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position	Finance Office (University / FHS)	Ext.	Name		Signature		Date (dd/mm/yyyy)
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position							
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position							
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position							
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position							
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position							
Active Member of Pension Plan? No Yes (Notify RSS) Change Secondary Position to Primary Position	EOD HB HSE ON						
Change Secondary Position to Primary Position		IL T		□ No		□ V ₀	(No+:fr BCC)
	Active Member of Felision Flam:			INO	No.		s (Notity noo)
I	Change Secondary Position to	Primary Posit	ion				
Completed By Completion Date (dd/mm/yyyy)	Completed By			Completion D	tate (dd/mm/	hann	