

PROCESSING FORM FOR TERMINATING STAFF EMPLOYEES

INSTRUCTIONS: THIS FORM IS ALL THAT IS NECESSARY TO PROPERLY COMPLETE A TERMINATION ACTION.
DO NOT USE A PAYROLL AUTHORIZATION FORM

Section I: TO BE COMPLETED BY THE DEPARTMENT INITIATING THE TERMINATION.

Employee's Name:	Job Title:
SMU Employee ID:	Job Code:
Social Security No:	Position No:
Home Base Org. No:	Last Day of Work:
Department:	Last Day of Pay:
Check One: <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time	Check One: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt

Check Appropriate Reason(s) for Termination:

Voluntary Reasons	Involuntary Reasons	Reduction in Work Force
<input type="checkbox"/> Accept other employment	<input type="checkbox"/> Unsatisfactory Performance	<input type="checkbox"/> End of assigned project
<input type="checkbox"/> Retirement	<input type="checkbox"/> Absenteeism/Tardiness	<input type="checkbox"/> Current position eliminated
<input type="checkbox"/> Move to new location	<input type="checkbox"/> Failure to report to work	<input type="checkbox"/> Contract expiration
<input type="checkbox"/> Return to home life	<input type="checkbox"/> Violation of work rules	
<input type="checkbox"/> Return to school	<input type="checkbox"/> Falsification of records	
<input type="checkbox"/> Incompatibility with job	<input type="checkbox"/> Misconduct	
Other: _____	Other: _____	

Supervisor's Evaluation

Employee's overall performance Superior Good Fair Poor

Supervisor remarks:

Supervisor name _____ Phone extension _____

Supervisor signature _____ Date _____

Department Head's Approval _____ Date _____

Section II: To be completed by Department of Human Resources

Date of Employment _____ Unused Accrued Vacation To Be Paid _____

Date of Termination _____ Termination within probationary period? Yes No

Clearance of Personal Accounts Property and Payroll Deduction

<input type="checkbox"/> ID Card	AMOUNT _____	FINAL DISPOSITION OF CHECK	DATE _____	EMPLOYEE BENEFITS OFFICE
<input type="checkbox"/> Cashier	_____	<input type="checkbox"/> Issued Directly to Employee	_____	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Health/Dental
<input type="checkbox"/> Accounting	_____	<input type="checkbox"/> To Be Picked Up	_____	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Financial Aid	_____			<input type="checkbox"/> Flex Accounts
<input type="checkbox"/> Amex/Procurement	_____			<input type="checkbox"/> Retirement
<input type="checkbox"/> Keys				

Eligible for rehire Yes No Ineligible for Rehire – Progressive Discipline
 Ineligible for Rehire – Serious Offenses

Section III: Exit Interview (To be completed by Department of Human Resources with terminating employee.)

Employee's reason for termination:

While at SMU did you sustain any on the job injuries? Yes No
 If so, was Supervisor informed? Yes No N/A
 Was your injury recorded? Yes No N/A
 Fully recovered? Yes No N/A

The information contained herein is true and correct to the best of my knowledge.

Employee's Signature _____ Final Address _____ Home Phone # _____ Date _____

Human Resources Representative Signature _____ Date _____ Director of Human Resources Signature _____ Date _____