

Andrews University

TERMINATION NOTICE

NAME: _____ ID: _____ Last day: _____

INSTRUCTIONS: *The purpose of this form is to notify Human Resources when there is a termination of regular employment within the department, transfer to another department, or terminating AU employment.*

Important for FACULTY, to be done **before** their last day:

Leaving: please reassign any courses in the course schedule that they will no longer be teaching

Transitioning to adjunct: please be sure to submit an Adjunct Faculty Appointment (AFA)

Title: _____ Department: _____

Reason for leaving this position:

Voluntary (**Please attach resignation letter**) For Cause Laid Off Disability Job Abandonment

Leave of Absence. Expected Return: _____

Transfer to another department. Department name (if known): _____

Immediate (no break in service) transition to non-regular position (e.g. Temp, Student, and Contract): Please submit appropriate paperwork a minimum of 2 weeks prior to the end of this termination date to ensure appropriate processing. If we do not receive any continuation paperwork by 2 weeks after the termination date, **all access will be ended**.

Retirement (*check one box below*)

Continuing in a paid/unpaid (**circle one**) capacity. Please submit appropriate paperwork a minimum of 2 weeks prior to the effective date to ensure appropriate processing. If we do not receive any continuation paperwork by 2 weeks after retirement date, **all access will be ended**.

Not continuing in any further capacity.

Leaving after continued employment beyond official retirement date.

Other: _____

Other Comments: _____

Supervisor Signature: _____ ID: _____ Date: _____

Human Resources Use Only

Campus notification sent : _____

Job posted: _____

Exit procedure applicable: No Yes, received: _____

Farewell check processed: _____

Posn: _____

NBAJOBS end date: _____

CT No Yes, Date: _____