

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.*

Title: _____ Department: _____

Reason for leaving this position:

- Voluntary For Cause Laid Off Disability Job Abandonment
- Leave of Absence. Expected Return: _____
- Transfer to another department. Department name (if known): _____
- Transition to non-regular position (e.g. Temp, Student, and Contract): Please submit appropriate paperwork a minimum of 2 weeks prior to the effective date to ensure appropriate processing.
- Retirement. If continuing in any paid/unpaid capacity, please submit appropriate paperwork a minimum of 2 weeks prior to the effective date to ensure appropriate processing.
- Leaving after continued employment beyond official retirement date.
- Other: _____

Other Comments: _____

Supervisor Signature: _____ ID: _____ Date: _____

Human Resources Use Only

Campus notification sent : _____ Posn: _____

Job posted: _____ NBAJOBS end date: _____

Exit Procedure applicable CT No Yes, Date: _____

No Yes, received: _____