



Termination of Employment

To be Completed by Employee or Supervisor

Employee Name _____ Date _____

Valley # _____ Job Title _____

Effective Date of Termination _____ Last Day Worked _____ Org/Index _____

Full-Time

Part-Time

Probationary Employee

Work Study

Reason for Separation: Resigned Resigned Retired Laid Off Discharged Deceased
In lieu of termination

Other _____

I agree that the above is the reason for this separation and that all information above is accurate.

Employee Signature Date

Supervisor/Administrator Signature Date

VP for Human Resources Date

To Be Completed by Human Resources

Vacation Hours Authorized _____ Final Payment due from _____ to _____

Assignments Inactivated (NBAJOBS) _____ Employee basic information inactivated (PEAEMPL) _____

To be completed by Financial Services/Payroll

Calculation of Final Payroll:

(Show calculations where applicable)

Final Salary (Regular Bi-Weekly salary times %) _____

Final Hourly (Hours X Regular Rate) _____

Shift Differential Due _____

Vacation _____

Contract Balance due to _____

Deductions for balances due college

Description of deduction: _____

Final payroll calculation completed by

Signature of Payroll Specialist Date

Final payroll calculation approved by

Controller Date