FULL-TIME EMPLOYEE TERMINATION

East Central University
Ada, Oklahoma 74820

(Name of Employee)	**(Department)**

SS # or ID #:_____

Termination Date:_____

Last day actually worked:_____

Employee is to be paid _____unused annual leave days accrued at the time of termination.

Employee has _____ unused hours for comp time.

Reason for Termination:

( ) Resignation
( ) Retirement
( ) Laid Off (lack of need for services or lack of funds)
( ) Suspended
( ) Death
( ) Other

Supervisor	**Date**
Vice President	**Date**
President	**Date**

Employment Services only

I.D. Number _____

Date sent to Payroll _____

Employment Services Officer:_____