PART-TIME/TEMPORARY EMPLOYEE TERMINATION

East Central University
Ada, Oklahoma 74820

_____ _____

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

SS # or ID #:_____

Termination Date:_____

Last day actually worked:_____

Reason for Termination:

( ) Resignation
( ) Laid Off (lack of need for services or lack of funds)
( ) Suspended
( ) Death
( ) Changed from Part-Time to a Full-Time employee.
( ) Reactivated on Student Payroll

Supervisor_____ **Date**_____

( ) Approved
( ) Not Approved

Vice President_____ **Date**_____

( ) Approved
( ) Not Approved

President_____ **Date**_____

( ) Approved
( ) Not Approved

Employment Services only

I.D. Number _____

Date sent to Payroll _____

Employment Services Officer:_____

Rev: January 2011