

PART-TIME/TEMPORARY EMPLOYEE TERMINATION

East Central University
Ada, Oklahoma 74820

Date

The employment of _____ SSN _____

in _____ will terminate effective

(Department)

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

Human Resources Officer _____

Employee ID#: _____

Date sent to Payroll: _____