

TERMINATION NOTICE

REVISED TERMINATION

EFFECTIVE DATE (YYYY-MM-DD)

CONTACT NAME: _____ PHONE#: _____

Employee Information

EMPLOYEE NAME (FIRST) (MIDDLE) (LAST)			UWO ID NUMBER	SIN
COUNTRY	ADDRESS		COMMENTS	
CITY	PROVINCE	POSTAL CODE		

Job Information

ACTION TER	REASON CODE	DEPARTMENT / FACULTY NAME	DEPT. CODE
JOB TITLE	JOB CODE	JOB STATUS RF RP TF TP	

Severance Details

	AMOUNT	ACCOUNT CODE	EARNINGS CODE
TOTAL SEVERANCE			
CASH SEVERANCE			
TD 2 ROLLOVER			
PAY IN LIEU OF NOTICE			

Vacation Requisition

ACCOUNT CODE	AMOUNT	EARNINGS CODE VAP
--------------	--------	-----------------------------

Special Requisition

ACCOUNT CODE	HOURS WORKED	AMOUNT	EARNINGS CODE
ACCOUNT CODE	HOURS WORKED	AMOUNT	EARNINGS CODE

IF THE EMPLOYEE DID NOT WORK THE LAST REGULAR DAY PRIOR TO THE EFFECTIVE DATE OF TERMINATION:

LAST DAY WORKED (YYYY-MM-DD):

REASON:

DEPARTMENT AUTHORIZATION _____ DATE

E/R _____ DATE

DEAN/BUDGET HEAD AUTHORIZATION _____ DATE

P/R _____ DATE

ER #
