

Samford University
Faculty/Staff Termination Form

Employee Name: _____

SUID: _____ School/Dept. _____

Title: _____

Faculty: ☐ Staff: ☐ Full-time: ☒ Part-time: ☐ Temporary: ☐

Budget:

Index	Fund	Org.	Acct.	Prog.	Percent
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Budget:

Index	Fund	Org.	Acct.	Prog.	Percent
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Position Control No(s): _____

Last Day Worked: _____

Including vacation or holiday if retirement.

Last Day Paid: _____

Use only if special circumstances exist.

Type of Termination:

Retirement ☐ Voluntary ☐ Involuntary ☐ (requires pre-approval of AVP of Human Resources)

Would Re-employ? Yes ☐ No ☐

Reason for Termination: _____

Will this position be filled? Yes ☐ No ☐

Dept.Head/Chair: _____ Date _____

Prepared by: _____

Please email completed form to benefits@samford.edu and cc: DSFS@samford.edu. Send a copy to anyone in your reporting line who needs this information. (i.e. department budget manager, dean, VP or Provost, etc.)

For HR Use Only - Process:

By:

Date:

Last Date Worked Entered:		
Benefits & Job Ended:		
Terminated:		
PREG Verified:		