GRAYSON COLLEGE
Termination Report

Last Name: ___________________________  First: ___________________________  MI: ______

Department: ___________________________  Employee ID: ___________________________

Last Day Worked: ___________________________  Termination Date: ___________________________

Last Date for Payroll Purposes (to be completed by the HR Department): ___________________________

Type of Separation:

☐ Resignation (attach letter of resignation)  ☐ Dismissal
☐ Mutual Agreement  ☐ Other: ___________________________
☐ Retiring (Employee must see HR)

Mail Pay?  Yes  No

Employee Evaluation (check appropriate boxes)

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<th>Unsatisfactory</th>
<th>Fair</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Excellent</th>
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<td>Attendance</td>
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<td>Cooperation</td>
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<td>Initiative</td>
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<td>Job Knowledge</td>
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<td>Quality of Work</td>
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Recommendation: Rehire?  Yes  No

Additional Comments: ____________________________________________

__________________________________________

Signature: ___________________________________________  Date: ______/_____/_____

RETURN THIS FORM TO THE HUMAN RESOURCES COORDINATOR
AS SOON AS POSSIBLE.

06/25/02