



GRAYSON COLLEGE

Termination Report

Last Name: _____ First Name: _____ Last Day Worked: _____

Department: _____ Title: _____

Type of Separation:

- Resignation (Attach letter of resignation)
- Retirement (Employee must see HR)
- Involuntary termination of employment

Did employee provide a two week notice? Yes No

Was employee available to work for the full notice period? Yes No

If adjunct faculty, did employee complete the terms of their contract? Yes No

Please mark to confirm the following supervisory responsibilities have been completed:

- Keys collected - List key numbers: _____
 - Employee Badge/Name tag collected
 - College property collected (e.g., electronic devices, credit cards, records, uniforms)
- Please specify: _____

Additional Comments:

Signature: _____ Date: _____

For Human Resources use:

Termination Date: _____

Last Payroll Date: _____

Comments: