



# 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: