



# TERMINATION FORM

## TO BE COMPLETED BY DEPARTMENT:

**Termination Category:** \_\_\_\_\_

**Employment Type:** \_\_\_\_\_

**Termination Reason:** \_\_\_\_\_

**Employee Name (Last, First, MI):** \_\_\_\_\_

Banner ID: \_\_\_\_\_ Username: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Ending Job/Position Number(s): \_\_\_\_\_

**Is this employee a supervisor?**      **Yes**      **No**

If yes, please provide supervisor replacement/proxy: \_\_\_\_\_

**Has HR received the written notice/letter of resignation, if applicable?**      **Yes**      **No**      **Other**

If no, please attach to this form or forward to the email group [hr-support@star.lcc.edu](mailto:hr-support@star.lcc.edu).

If other, please explain: \_\_\_\_\_

Employee Forwarding (US Mail) Address: \_\_\_\_\_

Employee Forwarding (External) Email Address: \_\_\_\_\_

Department Support Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPERVISOR CHECKLIST (FOR DEPARTMENTAL USE ONLY)

Employee has completed/returned the following:		Employee has completed/returned the following:	
Written notice/letter of resignation		LCC Credit Card/P-Card	
Keys		Forwarding (US Mail) Address	
StarCard (re-coded as non-employee)		Forwarding (External) Email Address	
Manuals/handbooks		Departmental Exit Checklist (if applicable)	
Laptop/Computer Equipment		Other:	
Cell Phone		Other:	

## TO BE COMPLETED BY HUMAN RESOURCES:

Labor Relations Authorization for Involuntary Terminations Only:

**Administrative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_