

FAYETTEVILLE STATE UNIVERSITY

NOTICE OF TERMINATION

Return the completed form to:

Office of Human Resources

Attention: Wilma Thorpe, Benefits Manager (910) 672-1825

Carlton J. Barber Administration Building

Lower Level, Room 4

Supervisor: _____

Dept: _____

Telephone #: _____

Date: _____

Supervisor's Signature _____

The following individual will be leaving University employment:

Name: _____ SS#: _____

Dept/Ofc: _____ Telephone #: _____

Last day of work will be: _____

Faculty EPA Staff SPA Staff

Please check here if individual plans to use vacation leave prior to last day of work.

Reason for Leaving:

Resignation (Please attach copy of resignation letter.)

Completion of specified employment term

Retirement

Dismissal

Reduction in Force

Other (Disability, Medical, Death, etc.) _____ (Please specify)

Date to be removed from payroll: _____