

Over 6 Months



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TERMINATION FORM
(for employees who have worked 6 MONTHS OR MORE)

Name: ID No.: Date:
Department: Position/Title:
Forwarding Address: (street)
City/State/Zip Code:
Telephone Number:
Hire Date: Notice Date: Termination Date:

REASON FOR TERMINATION

Note the reason for termination of employment by checking the appropriate box. If there is more than one reason, please check all that apply. If this is a resignation, attach the original copy of the employee resignation letter.

Voluntary Termination

- Another position
Relocation
Personal/family
Health/medical
Transportation
Return to school
Military
Compensation
Retirement
No-Show/Job Abandonment
Other (please explain)

Involuntary Termination

- Elimination of Position
Grant/Funding/Contract Ended
Policy Violation
Absenteeism/Tardiness
Performance
Misconduct
Insubordination
Leave of Absence Expired
Deceased
Other (please explain)

Would You Rehire? Yes No Comment:

Please check all campus-wide systems for which this employee had access:

LDAP (Windows login) JobX CBORD
Email Blackboard Millenium
PeopleAdmin Endowment Manager ACT
eSource Bearings Other systems (please list)
TimePro CSGold
Raiser's Edge
Financial Edge
PowerFAIDS

Signature of Supervisor Date

Signature of Department Head Date

Signature of Human Resources Director Date

For HR Use Only:
Termination Email Sent
Home Internet Stipend
Computer Loan
Remove Retirement End Date

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**Please complete this page and submit to Human Resources on the final day of employment:**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Termination Date: \_\_\_\_\_

**Collection of Bowdoin Property:**

<b>Item</b>	<b>Date Collected or N/A</b>	<b>Item</b>	<b>Date Collected or N/A</b>
Keys	_____	PDA	_____
ID Card	_____	Cell Phone	_____
Laptop/Computer	_____	Uniform	_____
Credit Card	_____	Radio/Pager	_____
Parking Pass	_____	Other	_____
Library Materials	_____		

\_\_\_\_\_  
Signature of Supervisor                      Date

\_\_\_\_\_  
Signature of Human Resources Director      Date