



TERMINATION FORM (for employees who have worked LESS THAN 6 MONTHS)

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

REASON FOR TERMINATION AND PERFORMANCE EVALUATION

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, Involuntary Termination, Performance Evaluation (Work Quality, Work Quantity, Dependability, Attendance), Would You Rehire? Yes/No, Comment:

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

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

Signature of Supervisor, Date, Employee Initials, Date, Provided Copy to Employee, Signature of Department Head, Date, Signature of Human Resources Director, Date

For HR Use Only: Termination Email Sent, Remove Retirement End Date

**Under 6 Months**

**BOWDOIN COLLEGE**



**Under 6 Months**

**TERMINATION FORM**  
**(for employees who have worked LESS THAN 6 MONTHS)**

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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