



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.

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:** _____