Hampshire College Notice of Termination Form - TERM Employee Information			
N			
Name: Last		First	Middle
Forwarding Address (if applicable)			
Position Title:		City	
Classification: Exempt	☐ Non-Exempt	☐ Faculty ☐ Casual ☐ Other	
FTE: Scheduled Hours: Employment Cycle (number of months):			
Reason for Termination			
\square Assignment Complete – ASC \square Involuntary/Performance – INP \square Position Eliminated/Involuntary – PEI			
Would you rehire? ☐ Yes ☐ No - Provide comments below Comments: (attach additional page if necessary)			
Authorization			
Budget Manager/Supervisor	r Signature:	Date:	Close Vacated Position? Y D N D
Human Resources Office Processing			
Employment Date: Date of Birth: Social Security Number:			
Vacation (see below for	valaulation)	Benefit Information Health Insurance	Life Ingunence
Vacation (see below for o	calculation)	Health Insurance	Life Insurance
Calculation as of date:		Plan:	End Date - is last day of employment
Hours due to employee:		End Date end of month in which employee terminates	Communica Natification
Hours owed to College:		□ COBRA Notification	☐ Conversion Notification
Flexible Medical Benefit		Disability	TIAA/CREF
Annual Election: \$ End Date - is last day of employment		End Date – last day of employment	Retirement Annuity End Date - is last day of employment
Medical Reimbursement Continuation			Supplemental Detinament
☐ Yes ☐ No (if yes, employee must sign continuation form)			Supplemental Retirement End Date - is last day of employment
Voluntary Dental		Voluntary Vision	Date to tast any of emproyment
End Date end of month in which employee terminates		End Date end of month in which employee terminates	
Computer Club – Amount owed to College: \$(amount due is deducted from last paycheck)			
	D	Vacation Reconciliation Calculation	
Vacation Award	Divided by	Current year – Number of mos. to be worked	Hours earned per month
Hours earned per month	Multiply by	Number of mos. Vacation earned (# of mos. from July)	Vacation hours earned
Vacation hours earned	Minus	Vacation hours used	Vacation hours owed or to be paid
v acation nours earned	Willius	vacation nours used	vacation hours owed of to be paid
Benefits/Date		Human Resources/Date	Dir. of Budgets & Planning/Date
Human Resource Office Process Date/Initial: Pay Cycle: <i>EP MP</i> Close Vacated Position? YES □ NO □			
Instructions: Please complete form and send to Human Resources Office for processing, include employee's letter of resignation MISSING INFORMATION WILL DELAY PROCESSING. This document is confidential and should be treated accordingly.			
Distribution by HR: HR/Personnel File Payroll (HR) Jobcode to be closed:			e closed: