

Hampshire College Notice of Termination Form - TERM

Employee Information

Name: _____
Last First Middle
Forwarding Address (if applicable) _____
Street City State Zip
Position Title: _____ Last Day Physically Worked: _____
Classification: Exempt Non-Exempt Faculty Casual Other _____
FTE: _____ Scheduled Hours: _____ Employment Cycle (number of months): _____

Reason for Termination

Assignment Complete – ASC Involuntary/Performance – INP Position Eliminated/Involuntary – PEI
 Retirement – RET Violation of Policy – VIO Voluntary – VOL

Would you rehire? Yes No - Provide comments below

Comments: *(attach additional page if necessary)* _____

Authorization

Budget Manager/Supervisor Signature: _____ Date: _____ Close Vacated Position? Y N

Human Resources Office Processing

Employment Date: _____ Date of Birth: _____ Social Security Number: _____

Benefit Information

Vacation (see below for calculation)	Health Insurance	Life Insurance
Calculation as of date: _____ Hours due to employee: _____ Hours owed to College: _____	Plan: _____ End Date <i>end of month in which employee terminates</i> <input type="checkbox"/> COBRA Notification	End Date - is last day of employment <input type="checkbox"/> Conversion Notification
Flexible Medical Benefit	Disability	TIAA/CREF
Annual Election: \$ _____ End Date - is last day of employment Medical Reimbursement Continuation <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, employee must sign continuation form)</i>	End Date – last day of employment	Retirement Annuity End Date - is last day of employment Supplemental Retirement End Date - is last day of employment
Voluntary Dental	Voluntary Vision	
End Date <i>end of month in which employee terminates</i>	End Date <i>end of month in which employee terminates</i>	

Computer Club – Amount owed to College: \$ _____ *(amount due is deducted from last paycheck)*

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

Payroll/Benefits Mgr./Date

A.V.P. for Human Resources/Date

A.V.P. for F & A/Date

Human Resource Office Process Date/Initial: _____ Pay Cycle: **EP MP** 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: _____