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: _____ Term Date: _____

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** ***end of month in which employee terminates*** ❑ **COBRA** Notification	**End Date** - ***is last day of employment*** ❑ **Conversion Notification**
Flexible Medical Benefit	**Disability**	**TIAA/CREF**
Annual Election: $_____ **End Date** - ***is last day of employment*** Medical Reimbursement Continuation ❑ Yes ❑No *(if yes, employee must sign continuation form)*	**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 ***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)*

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 Dir. of Strategic Budgeting & Analysis/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**: _____

Term Form 8-2015