Hampshire College Notice of Termination Form - TERM

Employee Information

Name:_____

<table>
<tr><td>Last</td><td>First</td><td>Middle</td></tr>
</table>

Forwarding Address (if applicable)_____

<table>
<tr><td>Street</td><td>City</td><td>State</td><td>Zip</td></tr>
</table>

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** *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   Controller/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 4/2014