TERMINATION/ABSENCE
LIFE UNIVERSITY

1. _____ _____ _____
   Last Name First Name Middle Initial

5. _____
   Social Security Number

2. Position held: _____

6. _____
   Date of employment

3. Department worked for: _____

4. Termination date: _____

7. _____
   Hours of paid time off due at termination: (vacation, personal or necessary days)

8. ( ) TERMINATED 9. ( ) RESIGNED 10. ( ) OTHER (Check and/or enter applicable information below)

A.	( ) Leave of absence	( ) Without Pay	( ) With pay	From ___/___/___ To ___/___/___
B.	( ) Sick Leave	( ) Without Pay	( ) With pay	From ___/___/___ To ___/___/___
C.	( ) Disability	( ) Without Pay	( ) With pay	From ___/___/___ To ___/___/___
D.	( ) Worker's Comp	( ) Without Pay		From ___/___/___ To ___/___/___
E.	( ) F.M.L.A.	( ) Without Pay		From ___/___/___ To ___/___/___

11. Explain Reason(s) Below: _____

_____

_____

SIGNATURES

12. _____ _____
    Department Head Date

13. _____ _____
    Finance/Budget Date

14. _____ _____
    Payroll Date

15. _____ _____
    Human Resources – Staff Only Date
    Academic Dean – Faculty Only

Copy –Human Resources **Copy-Payroll** **Copy-Department**

Rev. 1/05