



Termination Form - Voluntary

(Paid and Unpaid)

To be used immediately upon notification of all paid and unpaid
personnel terminations

Name: _____
ID: _____
Record Number: _____
Job Code: _____
Job Title: _____
Effective Date (day after last day): _____
Last Day Worked (last day active): _____
Action/Reason (from dropdown): _____

Contact Name: _____ Contact Phone Number: _____

To be in compliance, the Contact must inform the responsible manager to complete the required Manager's Checklist

See links below for additional information and instructions

[Leaving the University Policy](#)

[Manager's Checklist](#)

[Guide for Benefited Employees](#)

[Guide for Non-Benefited Employees](#)

[Guide for Benefited Post Docs](#)

- to be completed and retained in your department
- guide & attachments to be printed and reviewed with employee
- guide & attachments to be printed and reviewed with employee
- guide & attachments to be printed and reviewed with employee

Guide for Faculty Employees -- [Contact the Benefits Manager \(508-856-1897\)](#)

Guide for Residents -- [Contact Graduate Medical Education Office](#)

Comments:

NOTE: Before you terminate a GSBS student, please receive authorization by emailing:

GSBS.Academics@umassmed.edu

If you have received authorization to terminate a GSBS student, please attach authorization to this email when you submit the termination below.

Clicking Submit will attach this document to an email which you then have to send
You will receive an automated Email Confirmation from the HR Data Group once received

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