



## **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](#)

- to be completed and retained in your department

[Guide for Benefited Employees](#)

- guide & attachments to be printed and reviewed with employee

[Guide for Non-Benefited Employees](#)

- guide & attachments to be printed and reviewed with employee

[Guide for Benefited Post Docs](#)

- 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](mailto: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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