

CHARLESTON SOUTHERN UNIVERSITY

NOTICE OF RESIGNATION, TERMINATION, RETIREMENT, OR TRANSFER

Name: _____ SS# _____

Department: _____

Forwarding Address: _____

Number of vacation days to be paid in last paycheck: _____
(Contact the Personnel Office @8070 for this information)

Date of Termination (last day worked) _____

OR

Department Transferred

Date of Transfer: _____ to: _____

Indicate Reason for Termination: (see codes provided below) PLEASE CHECK ONE BOX

1A – Job Dissatisfaction

2A – Discharge for Cause

1B – Personal Reasons

2B – Death

1C – Relocation

2C – Disability

1D – Return to School

2D – Contract Not Renewed

1E – Unknown

2E – Position Eliminated

1F – Retired

Comments: _____

Would you rehire this employee: _____ Yes _____ No

Comments: _____

Supervisor's Signature

Date

Human Resources Office Use:

Date Received: _____

Position Control # _____

Date of final Check: _____