



LAKE SUPERIOR STATE UNIVERSITY

Payroll Termination

Name _____ Social Security Number _____

Department _____ Account Number _____

Job Title/Rank _____ Account Number _____

Last Day Worked _____ Date Off Payroll _____

Reason for Termination

- Lack of Work
- Leave of Absence from _____ to _____
- Labor Dispute

Left of Own Accord

- Voluntary quit
- Illness or injury
- Withdrew from University
- Transfer to another campus department

Discharged *(Explain in detail under remarks and give dates of warnings and prior violations.)*

- At-will employee
- Violation of University Rules and Regulations
- Other

Retirement

- Voluntary
- Disability

Remarks _____

Signature of Employee _____ Date _____

Requested By _____ Date _____
Department Head/Account Administrator's Signature

Concurrence _____ Date _____
Appropriate Vice President *(for non-student employees)*

Approval _____ Date _____
President *(for non-student employees)*

For HR Office Use

Human Resources Approval _____ Date _____
Director of Human Resources *(For student employees only)*

Copy to Budget Office _____
(If a regular employee)

Date to Payroll _____

Calculation _____