



Departmental Termination Form

This form must be completed by the Department Head upon the employee's notification of termination. In order for the employee to receive a final paycheck from Bates College, all information must be completed. This form also insures that access to electronically secure areas will be terminated when necessary.

Employee Information	Last Name:	First Name:	
	Last Day Worked:	Department:	
	Title:		
Supervisor Information	Supervisor Name:	Is the above individual a supervisor? If so, who will be responsible for web time entry and performance development in their absence?	
	Supervisor Title:		
Dates of Access End	Building Access should end on:	Library Access should end on:	
	Athletics Access should end on:	Banner Access should end on:	
	E-Mail Access should end on:		
Termination Reason	Please check one termination reason: <input type="checkbox"/> Contract/Assignment End <input type="checkbox"/> Resignation with notice <input type="checkbox"/> Resignation without notice <input type="checkbox"/> Retirement → <i>Does this individual want to retain their Bates e-mail account?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Termination <input type="checkbox"/> Restructuring <input type="checkbox"/> Position eliminated <input type="checkbox"/> Please check here if granted faculty emeriti status. <input type="checkbox"/> Other:		
	Is this individual recommended for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes			
Sign	Department Head/Supervisor Name:	Department Head/Supervisor Signature:	Date Signed:

Form completed by: