

### Supervisor's Notice of Termination

Employee \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Employee ID \_\_\_\_\_ Employee Title \_\_\_\_\_  
E-mail \_\_\_\_\_ Position Number \_\_\_\_\_  
Work Location \_\_\_\_\_ Org Number \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Supervisor Work Phone \_\_\_\_\_

Termination Effective Date\*: close of business on \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

**\*Termination Effective Date cannot fall on a weekend or a holiday.**

Social Media account responsibility?  Yes  No  
OmniUpdate account responsibility?  Yes  No

E-mail and network accounts are disabled after the last day worked and deleted 30 days later. Review this document for available account options: <https://uaex.edu/it-accounts>.

**Termination Reason:**

<input type="checkbox"/> Disability	<input type="checkbox"/> Death	<input type="checkbox"/> Transfer to other UA campus (Name of campus) _____
<input type="checkbox"/> Personal	<input type="checkbox"/> Funding Exhausted	
<input type="checkbox"/> Involuntary Termination	<input type="checkbox"/> LWOP Ended	<input type="checkbox"/> Transfer to other State Agency (Name of State Agency) _____
<input type="checkbox"/> Temporary Position Ended	<input type="checkbox"/> Retirement	<input type="checkbox"/> Other Employment (Name of company) _____

Date of last performance evaluation: \_\_\_\_\_

Overall rating of last performance evaluation: \_\_\_\_\_

**For HR use only:**

Eligible for Rehire  Not Eligible for Rehire

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Assistant/Associate Director/District Director/Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Associate Vice President for Agriculture - Extension \_\_\_\_\_ Date \_\_\_\_\_

*Human Resources will send e-mail notification to Financial Services, Information Technology, and Facilities Management with name, employee ID, location, termination effective date, and last day worked.*