University of Louisville Human Resources System
Termination/Retirement Notice
Work Location

Employee Name: _____

Employee ID Number: _____

Information Items:

Effective Date:	
Effective Sequence:	
All Sequences?	
Action:	
Reason:	
Position Number:	
All Positions?:	
Last Day Worked:	
Vacation Leave Balance:	
Pay Vacation as Lump Sum?:	
Sick Leave Balance:	
Pay Sick Leave as Lump Sum?:	

Additional Comments:

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Project Investigator: _____ **Date** _____

Department Authorization: _____ **Date** _____

Dean/VP Authorization: _____ **Date** _____

REVISED 11/26/2003