

LENOIR COMMUNITY COLLEGE

PERSONNEL TERMINATION FORM

Department:

Date Submitted:

Employee's Name:

Employee ID #:

Effective Date:

Type of Position

Part-time

Temporary

Reason for Separation

Resigned

Dismissed

PT Contract Ended*

Retired

Death

Temporary Assignment Ended*

Other

*** Select only if the employee is not scheduled to return to work within 18 months.**

Comments:

Employees separating from the college must submit their ID badge, keys, and other college property to the HR Department.

Requested by: _____ Date: _____

Received in HR: _____ Date: _____