

**RESIGNATION / TERMINATION REPORT FORM**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

Resignation

Termination

Last Day to Work \_\_\_\_\_  
(Have Employee Schedule DEPARTURE MEETING with Carol Atkins at Ext. 7444 or [catkins@shorter.edu](mailto:catkins@shorter.edu))

Reason for Leaving/Termination \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of appropriate Provost/VP/Director \_\_\_\_\_

***ATTACH COPY OF RESIGNATION / TERMINATION LETTER***

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**\*\* FOR HUMAN RESOURCES USE ONLY \*\***

BENEFITS? YES

NO

TM \_\_\_\_\_

CA \_\_\_\_\_

TG \_\_\_\_\_

BN \_\_\_\_\_

