



CHANGE OF STATUS FORM TERMINATION

Employee name:

Date:

Employee number:

Project:

ACTION: TERMINATION	EMPLOYEE'S STATE OF RESIDENCE	EFFECTIVE DATE	
Eligible for Rehire	If not , provide a reason for non-rehire status:		
REQUIRED TERMINATION QUESTIONS			
Have Direct Reports?:	If Yes, New Supervisor Name:	Other Actions (if applicable):	
* Instructions - Please provide all details as requested below for proper documentation. Take the time to add comment in the bottom section to include, dates, times, and a summary of events.			
Final time-sheet signed and submitted?			
Termination Docs	Keys:	Credit Cards:	Fuel Card
Expense Report:	Exit Interview:	Resignation Letter:	Security Clearance:
Escorted (if applicable):	Laptop & Phone:	Sign Final Timesheet:	Other:
Additional Comments:			

Please summarize reason for termination:

SIGNATURES AND DATES

Supervisor		
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Project Manager		
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Employee		
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Human Resources		
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