



## CHANGE OF STATUS FORM TERMINATION

Employee name:

Date:

Employee number:

Project:

ACTION: TERMINATION		EMPLOYEE'S STATE OF RESIDENCE		EFFECTIVE DATE	
Eligible for Rehire		If <b>not</b> , provide a reason for non-rehire status:			
REQUIRED TERMINATION QUESTIONS					
Have Direct Reports?:		If Yes, New Supervisor Name:		Other Actions (if applicable):	
<b>* 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.</b>					
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		
Project Manager		
Employee		
Human Resources		