

Termination Form

Duke University/Health System <i>TERMINATION FORM</i> (Please Use F1 HELP Key for explanations in ANY field below)							<input type="checkbox"/> Nonexempt (Biweekly-UB) <input type="checkbox"/> Exempt (Monthly-UM) <input type="checkbox"/> Non-Compensatory (UA)	
DUKE UNIQUE ID #:				Department:				
PERSONAL/ORGANIZATIONAL DATA (please print)								
Last Name: <i>(Family Name)</i>				First Name: <i>(Given Name)</i>			M.I.:	
Org. Key (Pay Point): <i>(required)</i>								
Position #:			Job Code #/Title:					
Org. Unit #:			Org. Unit Name:					
<input type="checkbox"/> Non-Comp Termination <input type="checkbox"/> Termination <input type="checkbox"/> Layoff (5) <input type="checkbox"/> Termination Not Recommended For Rehire			Current Rate of Pay:				<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	
TERMINATION REASONS (If DECEASED please use Address lines below for the Next of Kin Address and denote relationship)								
00 <input type="checkbox"/> Illness or Injury			04 <input type="checkbox"/> Quit Without Notice			08 <input type="checkbox"/> Deceased <i>(Date of Death _____)</i>		
01 <input type="checkbox"/> Voluntary Resignation			06 <input type="checkbox"/> Faculty Appointment Ends			12 <input type="checkbox"/> Non-Compensatory Award Ends		
02 <input type="checkbox"/> Discharge			07 <input type="checkbox"/> Retirement					
03 <input type="checkbox"/> Probationary Term.								
U.S. /HOME ADDRESS (Used for mailing of tax reporting documents and final payments. Required for next of kin and relationship to deceased)								
Address line 1:				Address line 2:				
City:			State:		Zip:		Tel: ()	
FOREIGN ADDRESS (Used for mailing of tax reporting documents and final payments. Required for next of kin and relationship to deceased)								
House number/Street:					City:			
Country:					District:			
Region:			Postal Code:			Tel: / / <i>(Country Code) (City Code) (Telephone #)</i>		
DATES FOR NON-EXEMPT (BIWEEKLY) EMPLOYEES								
Date of Last Day Worked:				Date of Last Day of Regular Pay: <i>(For Layoffs Only)</i>				
REQUIRED ENTRY -> Does Employee Have Secondary Position(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If Yes, Please Provide Secondary Org. Keys (Pay Points): _____; _____; _____; _____; _____; _____; _____								
DATES FOR EXEMPT (MONTHLY) EMPLOYEES OR NON-COMPENSATORY RECIPIENTS								
Last Day for which individual should receive payment(s):				Date of Last Day Worked:		Date of Last Day of Regular Pay:		
____ Days Worked		____ Accrued Vac/PTO		<i>(Not Applicable for Non-Comp)</i>		<i>(For Layoffs Only)</i>		
____ Accrued Holidays/D-Days		____ Deduct Time						
REMARKS/COMMENTS (For Dept. Use Only):								
SEVERANCE PAY FOR LAYOFF ACTION ONLY								
Recur/One Time? <i>(14) (15)</i>	Wage Type <i>(See Legend)</i>	Comp. Code	Cost Center or WBS Element	ST/SC <i>(GL Account)</i>	Payment Amount	Pay Hours	Effective Begin Date	Effective End Date
<input type="checkbox"/> <input type="checkbox"/>				60/				
<input type="checkbox"/> <input type="checkbox"/>				60/				
<input type="checkbox"/> <input type="checkbox"/>				60/				
Legend Key for Wage Type (Types of Payment):				1041 = Severance Payment Monthly;		1080 = Severance Payment Biweekly		
Departmental Signature: <i>(Print Authorized Name and Obtain Signature)</i>					Date:		Tel: () <i>(Required Information)</i>	
Budgetary Official Signature: <i>(Print Authorized Name and Obtain Signature)</i>					Date:		Tel: () <i>(Required Information)</i>	
Prepared By: <i>(Print Name and Obtain Signature)</i>					Date:		Tel: () <i>(Required Information)</i>	

NOTE: If required by the management center, departments must submit ALL termination forms to the appropriate Budgetary Official prior to sending this form directly to the HRIC. For confidentiality reasons, separate documentation should be submitted along with this form to the HRIC when selecting the **Layoff** action, **Termination Not Recommended for Rehire** action, or reason codes 02-**Discharge**, 03-**Probationary Termination**, or 04-**Quit Without Notice**.
 (Last Revision 02/19/2007)