



WAYLAND BAPTIST UNIVERSITY

TERMINATION REPORT FORM

DATE: _____

NAME _____ TITLE _____

SOCIAL SECURITY # _____ OFFICE/DIVISION OF EMPLOYMENT _____

Date of Last Day to be WORKED: _____ Estimated VACATION LEAVE ACCRUED at this Date: _____

Type of Separation: Resignation Attach letter of resignation or detail reasoning below

Dismissal Attach notification(s) or detail reasoning below

DETAILED REASONING of Resignation or Dismissal or Other COMMENT: _____

CLEARANCE PROCEDURES (Must be completed before the final paycheck will be issued):

1. **Division Chairperson/Director/Supervisor** Signature: _____ Date: _____

Verification that:

____ Keys Returned _____ Equipment/Materials Returned OR \$ _____ due from last pay

____ Library Books/Materials Returned OR \$ _____ due from last pay

____ Business Office Account Clear OR \$ _____ due from last pay

2. **EXIT INTERVIEW - Payroll Office** Signature: _____ Date: _____

____ Health Insurance: University provided coverage ceases on _____

COBRA provision elected by employee to be effective on _____

COBRA premium amount due date: Monthly/Quarterly _____

COBRA elected coverage: Monthly/Quarterly premium _____

____ Other Benefits - Procedures/Policies regarding cessation/continuance of coverage

____ Annuity - Procedures/Policies regarding withdrawal or leaving funds in program

____ Payroll (Attach details of calculations)

Accrued vacation pay due \$ _____

____ Include total vacation with final wages, or

____ Remain on regular pay schedule until accrued vacation utilized

Date last vacation payment will be made _____

Date last salary payment will be made _____

Salary due on last day worked (possibly pro-rated) \$ _____

Accrued vacation paid with final wages \$ _____

Total gross salary on last salary payment \$ _____

Special Deductions from last pay:

Health Insurance premiums - COBRA elected deduction \$ _____

Prepayments by University for period after last day worked:

Health Insurance premiums \$ _____

Annuity contributions \$ _____

Portions of other benefits (details attached) \$ _____

Business Office account balance due \$ _____

Library charges due \$ _____

Keys/Equipment charges due \$ _____

3. **FORMER EMPLOYEE** Signature: _____ Date: _____

I understand the policies discussed and agree with the payroll arrangements.

4. **VICE-PRESIDENT** authorization: Signature: _____ Date: _____

White Copy: returned to Payroll Office

Yellow Copy: returned to Vice-President upon completion

Pink Copy: returned to Immediate Supervisor upon