

Termination of Employment Form

Employee's Name _____ RCUH Employee ID# _____

Forwarding Address (for W-2 distribution) _____

Employee Status: Regular Temporary Student Intermittent
 Other: _____

Date Employee Notified _____ Last Day Worked _____ Termination Date _____

PART I: VOLUNTARY RESIGNATION (To be completed by employee or supervisor)

I hereby submit my resignation because of:

- Return to school
- Relocation
- Acceptance of another position.
If position is with RCUH, denote project name and job title: _____
- Other: _____

I acknowledge and certify that the information present above is true and accurate.

Employee's Signature

Date

PART II: INVOLUNTARY TERMINATION (To be completed by project)

Involuntary Terminations must be signed by Principal Investigator of record.

ATTACH COPY OF 10 DAY NOTICE TO EMPLOYEE

Employee is terminated because of:

- End of temporary employment
- Ineligible for work (student or visa expiration)
- Layoff (due to lack of work/funds)
- Discharged. Explain and attach pertinent document(s) _____
- Other: _____

PART III: REVIEWED AND AUTHORIZED (To be completed by project)

- Full vacation payout (default option paid from the RCUH Vacation Payout Reserve)
- Termination vacation (contingent upon Principal Investigator's approval and availability of funds)
- Transfer/no break in service (transfer vacation hours)
- Not applicable (non-recruited hire/regular hire less than 50% FTE appointment)

Principal Investigator [Please Print]

Signature of Principal Investigator

Date

PART IV: RCUH HUMAN RESOURCES APPROVAL (To be completed by RCUH)

I certify that to the best of my knowledge, the personnel action above has been made in compliance with all RCUH policies, applicable laws, and statutes of the State of Hawaii.

Director of Human Resources or Designee

Date