**Employee Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name: |  | Vandal Number: |  | Date: |  |
| Supervisor: |  | Department: |  |
|  | Classified Staff |  | Temporary Employee |
|  | Exempt Staff |  | Other: |

**Action Requested**

***Select all that apply***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Termination (Including for Lack of Work/Funding) |  | Probation Termination |
|  | Non-Renewal  |  | Layoff |
|  | Other: |

**Brief Rationale for Request**

***If request is for Lack of Funding, include funding source and expected end date***

|  |
| --- |
|  |

**Authorization**

***By signing below, I authorize that the requested action may proceed.***

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor: |  | Title: |  |
| Signature: |  | Date: |  |
| Dean/Provost/VP: |  | Title: |  |
| Signature: |  | Date: |  |