

R.I.T Department of Human Resources Employee Action Form

TERMINATION (Faculty, Staff, RIT Temp, RIT Adjunct)

Demographic Information

Termination Date:	Name:	Employee No.:
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Termination Information

Reason: (Select One)

Voluntary (*attach copy of notification)	Involuntary
<input type="checkbox"/> Another Job (Outside of RIT – do NOT use this form if employee is transferring within RIT)	<input type="checkbox"/> End of work assignment
<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Contract
<input type="checkbox"/> Career Advancement	<input type="checkbox"/> Absenteeism or Tardiness
<input type="checkbox"/> To further education/return to school	<input type="checkbox"/> Damage/Loss/Misuse of Property
<input type="checkbox"/> Family obligations	<input type="checkbox"/> Disclosure/Misuse of Confidential Info.
<input type="checkbox"/> Moving out of area	<input type="checkbox"/> Falsification of Information
<input type="checkbox"/> Illness or injury or medical disability	<input type="checkbox"/> Theft
<input type="checkbox"/> Dissatisfaction with supervisor/manager	<input type="checkbox"/> Violation of university or department policy/procedures
<input type="checkbox"/> Failure to return from leave of absence	<input type="checkbox"/> Position Eliminated/Re-Organization
<input type="checkbox"/> WC Benefits Ended	<input type="checkbox"/> Expiration of appointment
<input type="checkbox"/> Pay	<input type="checkbox"/> Employee error that is threatening to life or could result in significant property loss
<input type="checkbox"/> Benefits	<input type="checkbox"/> Failure to perform essential functions of the job
<input type="checkbox"/> Deceased	<input type="checkbox"/> Divestiture
<input type="checkbox"/> Job abandonment/no call/no show	

Vacation and Special Pay Information

Eligible Vacation Days (refer to chart below): # Eligible* _____ # Carryover _____ # Used _____ (use for Exempt Staff and 12 mo Faculty)

Employment Category	*Eligible		*Eligibility As Of July 1st Closest to		
	Prior to 5th Anniversary (pro-rated if hired after July 1st)	5th Anniversary	10th Anniversary	20th Anniversary	
12-month faculty, and educational development faculty*	4 weeks	4 weeks	4 weeks	5 weeks	
Professional and administrative staff	3 weeks	4 weeks	4 weeks	5 weeks	
Non-exempt staff	2 weeks	3 weeks	4 weeks	5 weeks	

Remarks/Special Pay Instructions: _____

Does this employee supervise others?: Yes No **Name of new Supervisor for direct Reports:** _____

Approval Signatures			
Completed By:		Ext.:	Date:
Print Name			
1 st Approval (required)			Date:
Print Name			
2 nd Approval (required)			Date:
Print Name			
3 rd Approval (optional)			Date:
Print Name			

R-I-T Department of Human Resources Employee Termination Checklist

Return completed form to HR – Does not need to accompany EAF

Employee Name: _____		
Supervisor: _____	Dept.: _____	
Forwarding Address (if changed): _____		

Last Day Worked: _____	Phone: Day: (___) ___ - ___	Eve.: (___) ___ - ___

Instructions: Place your initials and the date next to the action that has been taken.

<p>Voluntary Termination _____ Obtain resignation in writing from employee</p> <p>Retirement _____ Obtain letter of intent to retire from employee</p>	<p>Involuntary Termination (steps to follow) _____ a) University policies followed (performance, progressive discipline, layoff) _____ b) Human Resources review and approval obtained _____ c) Employee explanation provided _____ d) Written confirmation to employee sent</p>
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Review with employee

___ Payment of Unused Vacation	___ Disposition of Funds on Flex Card (Tiger Bucks)	___ Distribution of Incoming US Mail
___ Status of current work	___ Location of important files	___ Outstanding reimbursements expenses
___ Removal of Parking Sticker	___ RIT Registered Software must be removed from home computers	___ Update of Intellectual Property agreements
___ Provide HR Contact Information – HR Services Manager Name and Benefits Rep Name	___ Review Exit Interview procedures – refer to HR Services Manager	

Collect from employee

___ RIT ID card	___ Dept. ID (if any)	___ Keys (office, files, vehicle, etc.)
___ Cell phone	___ Calling card	___ Pager
___ Time cards	___ PDA (Palm, Visor, etc.)	___ 2-way radio
___ Procurement & credit cards	___ Manuals and books (reference, training, project)	___ Laptop, other computer equipment
___ Library books	___ Uniforms	___ Tools
		___ Vehicle registration (if RIT-owned vehicle)

Action Items

___ Contact Campus Safety to cancel employee's security access to area	___ Contact ITS to change password for Voice Mail	___ Change outgoing Voice Mail message
___ Contact ITS HelpDesk, to change password for: Computer Account, Oracle, IBM Enterprise Server, VPN	___ Balance Petty Cash Fund prior to termination and provide name of new custodian to Accounting	___ Cancel cell phone service
___ Contact system administrator to change local password	___ Change passwords for other systems/networks accessed by employee	___ Contact Purchasing to cancel travel and/or procurement card
___ Change photocopier codes	___ Remove from phone lists and internal e-mail lists	___ Change Vault/Safe Combinations

Supervisor signature: _____ **Date:** _____

Supervisor Name: _____ **Ext:** _____