



## Notice of Termination

Please complete and return to the Benefits Office, 225 King Building.

Upon submission, the exiting employee will receive an Exit Clearance Form to be completed prior to leaving the University. Have him/her contact the Benefits Office (ext. 7-2892) to schedule an exit interview.

### FROM

Name:	Date:
Dept/Office:	Phone Number:

The following individual will be leaving University employment:

Name:	UNC Charlotte ID Number:
Dept/Office:	Phone Number:
Employment Category of Individual Terminating: ( ) Faculty ( ) EPA Staff ( ) SPA	Last day of work will be:

( ) Please (X) here if the individual plans to use vacation leave prior to last day of work.

### Specify Reason for Leaving:

( ) Resignation (*Please attach copy of resignation letter, if provided.*)

( ) Completion of specified employment term

Date to be removed from payroll = \_\_\_\_\_

( ) Retirement

( ) Dismissal

( ) Reduction in Force

( ) Other (Disability, Medical, Death, etc.) [*Please Specify*]