

Employment Termination Form

No approvals required. Please send the employee's original letter of resignation along with this form to the Human Resources department at Human Resources@cabrini.edu Note that an employee's last day cannot be a vacation day or university holiday.

Employee ID:

Employee Name:

Dept. Name:	Supervisor:		Job Title:		
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Date of Hire		Position Control #		· 	Account:
					<u>l</u>
Completed By Manager:					
Effective Date :			Reason Employee is Leaving:		
Personnel Date:					
Boxes below are for Human Resources use only.			Boxes below are for Human Resources use only.		
Vacation Days Unused this Year:			Eligible for Rehire:		
Human Resources Approval:			Date:		
Comments:					