TERMINATION/RESIGNATION FORM

Check One: ☐ Full-Time ☐ Part-Time ☐ Student Worker

Name ___________________________ Blinn ID# ________________

Job Title ___________________________ Department ___________________________

Campus ___________________________

☐ Resignation ☐ Termination ☐ End of Semester

Last Day of Employment ______________________________

Reason for Resignation/Termination _______________________________________________

Eligible for Rehire ☐ Yes ☐ No

If No, Reason ________________________________________________

________________________

Notes:__________________________________________________________________

_______________________________________________________________________

Approval:

Supervisor ___________________________ Date ______

Vice President ___________________________ Date ______

Assistant VP Human Resources ___________________________ Date ______

VP Business & Finance ___________________________ Date ______

District President/CEO ___________________________ Date ______

Approved by Compensation Coordinator: Date __________________

Revised May 2017