



# Employee Termination Form

<b>Employee Name:</b>		<b>Last Date Worked:</b>	
<b>Employee ID #:</b>		<b>Last Date Paid:</b>	

**Managers:** please complete the below information regarding an employee termination. If you are unsure of any below information or have questions, please contact Human Resources.

Once complete, **please send this document** to [HR@wellforce.org](mailto:HR@wellforce.org), John Lally ([JLally1@tuftsmedicalcenter.org](mailto:JLally1@tuftsmedicalcenter.org)), Mary Ellen Egan ([megan1@tuftsmedicalcenter.org](mailto:megan1@tuftsmedicalcenter.org)), Leah Salvo ([LSalvo@tuftsmedicalcenter.org](mailto:LSalvo@tuftsmedicalcenter.org)) and Kara O'Connor ([KOCConnor@melrosewakefield.org](mailto:KOCConnor@melrosewakefield.org)).

Notice provided?  Yes  No Date Notice Given: \_\_\_\_\_

Please select from the list below the reason for terminating employment.

Voluntary Reasons: \_\_\_\_\_

Involuntary Reasons: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Manager / Supervisor Signature Date

\_\_\_\_\_  
Director / VP Signature Date

## Payroll Use Only

Compensation Type	Period Covered	Amount to be Paid
PTO Balance		

## HR Use Only

<b>Eligible for Rehire?</b>	
<b>Did the Employee have benefits?</b>	
<b>COBRA Eligible?</b>	
IS Notified: <input type="checkbox"/>	Payroll Notified: <input type="checkbox"/>
Bswift: <input type="checkbox"/>	Retirement (403(b), pension, etc.): <input type="checkbox"/>

**HR Note:** the termed employee should be moved to T1 status in Lawson for payout purposes. Once the payout is complete, the employee must be moved to T3 status in order to complete the termination process.