

## Termination of Employment Form

Employee's Name \_\_\_\_\_ RCUH Employee ID# \_\_\_\_\_

Forwarding Address (for W-2 distribution) \_\_\_\_\_

Employee Status:  Regular  Temporary  Student  Intermittent  
 Other: \_\_\_\_\_

Date Employee Notified \_\_\_\_\_ Last Day Worked \_\_\_\_\_ Termination Date \_\_\_\_\_

### **PART I: VOLUNTARY RESIGNATION (To be completed by employee or supervisor)**

I hereby submit my resignation because of:

- Return to school
- Relocation
- Acceptance of another position.  
If position is with RCUH, denote project name and job title: \_\_\_\_\_
- Other: \_\_\_\_\_

I acknowledge and certify that the information present above is true and accurate.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### **PART II: INVOLUNTARY TERMINATION (To be completed by project)**

**Involuntary Terminations must be signed by Principal Investigator of record.**

**ATTACH COPY OF 10 DAY NOTICE TO EMPLOYEE**

Employee is terminated because of:

- End of temporary employment
- Ineligible for work (student or visa expiration)
- Layoff (due to lack of work/funds)
- Discharged. Explain and attach pertinent document(s) \_\_\_\_\_
- Other: \_\_\_\_\_

### **PART III: REVIEWED AND AUTHORIZED (To be completed by project)**

- Full vacation payout (default option paid from the RCUH Vacation Payout Reserve)
- Termination vacation (contingent upon Principal Investigator's approval and availability of funds)
- Transfer/no break in service (transfer vacation hours)
- Not applicable (non-recruited hire/regular hire less than 50% FTE appointment)

\_\_\_\_\_  
Principal Investigator [Please Print]

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

### **PART IV: RCUH HUMAN RESOURCES APPROVAL (To be completed by RCUH)**

I certify that to the best of my knowledge, the personnel action above has been made in compliance with all RCUH policies, applicable laws, and statutes of the State of Hawaii.

\_\_\_\_\_  
Director of Human Resources or Designee

\_\_\_\_\_  
Date