

# Notice of Termination of Employment Support Staff

This form is used to notify Human Resource Services Operations of support staff terminations and transfers. All forms must be completed before the original end date on the Casual or Support Appointment/Pay Action form and submitted as soon as possible so that a final cheque can be processed. The form should be accompanied by any required supporting documents such as resignation letter. For assistance with this form, please contact your [HR Contact](#) or call (780) 492-4555.

**Personal Information**

**Full Legal Name** \_\_\_\_\_ **Person ID #** \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Department/Faculty \_\_\_\_\_ Last Day Paid \_\_\_\_\_  
 Forwarding Address \_\_\_\_\_ Postal Code \_\_\_\_\_

**Reasons For Termination**

If reason for termination is resignation, please indicate reason for resignation

**Note:** When an employee is resigning, please attach a copy of the employee's letter of resignation

**For Regular and Auxiliary Monthly Employees Only** (not required for hourly paid Support Staff)

**Vacation Payout Reconciliation**
**Vacation Payout:**
**For HRS Use Only**

Transfer Vacation 735  Payout 732  Payout 730 \_\_\_\_\_ hrs x \$ \_\_\_\_\_ hourly rate

**Absences Taken** – Please indicate absences taken but not reported up to and including date of termination.

Report in blocks of time (i.e. Type of Absence Vacation from September to September 5 = 35 Working Hours). If additional absences must be reported, please attach a [Leave Reporting Form](#).

Type of Absence \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Working Hours  
 Type of Absence \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Working Hours  
 Type of Absence \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Working Hours

**Banked Time Payout**

Banked Time Balance \_\_\_\_\_ Banked Time Taken But Not Reported \_\_\_\_\_  
 Banked Time Earned But Not Reported \_\_\_\_\_ Banked Time Payout \_\_\_\_\_

**Comments****Prepared By**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Authorization and Approvals**

Authorization and Approvals are in accordance with the University of Alberta Signing Authority and Delegation of Signing Authority Policy and Signing Authority and Approval procedures. Refer to U of A Policies and Procedures Online (UAPPOL) [www.uappol.ualberta.ca](http://www.uappol.ualberta.ca).

Authorized By: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Internal Control Approval: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit completed form by email to [employmentservices@ualberta.ca](mailto:employmentservices@ualberta.ca) or mail to:  
 Payroll Operations, Human Resource Services, 2-60 University Terrace, University of Alberta, Edmonton, AB T6G 1K4