

Instructions for the Termination Form

When to Use: When an employee is leaving Duke or for a layoff.

Tips:

- When the cursor is in a data field, press **F1** to get help on how to fill in the data.
- Tab between fields and use Shift + Tab to go back a field.
- Note: **Section Headers**, such as Personal/Organizational Data, should be considered as a whole.
- Key in names in any format. It will automatically convert to upper case when you tab.
- Fields such as dates can be entered without all the digits (for example: **6/1/3** will automatically convert to **06/01/03** when you tab out of the field)
- All dates should be entered as **month/day/year**.
- The check boxes can be selected or deselected by clicking.

Note: If required by the management center, departments must submit ALL termination forms to the appropriate Budgetary Official prior to sending this form directly to the **HRIC**. For confidentiality reasons, separate documentation should be submitted along with this form to the **HRIC** when selecting the **Layoff** action, **Termination Not Recommended for Rehire** action, or reason codes **02-Discharge**, **03-Probationary Termination**, or **04-Quit Without Notice**.

Enter the Duke Unique ID
If unknown, search at:
<https://dukeid.duke.edu:8882/emailalias/owa/publicsearch>

Indicate whether the employee is Non Exempt (Biweekly), Exempt (Monthly) or Non Compensatory

Termination Form

Duke University/Health System <i>TERMINATION FORM</i>		<input type="checkbox"/> Non-exempt (Biweekly-UB) <input type="checkbox"/> Exempt (Monthly-UM) <input type="checkbox"/> Non-Compensatory (UA)
(Please use F1 HELP Key for explanations in ANY field below)		
DUKE UNIQUE ID #:	Department:	
PERSONAL/ORGANIZATIONAL DATA (please print)		
Last Name: <small>(Family Name)</small>	First Name: <small>(Given Name)</small>	M.I.:
U.S. SSN: <small>(required)</small>	Org. Key (Pay Point): <small>(required)</small>	
Position #:	Job Code #/Title:	
Org. Unit #:	Org. Unit Name:	

Enter full name. Enter middle initial if known (not required)

Enter the Position number and Job Code and title. This does not apply to Non-Compensatory positions.

Enter the Org Unit # (beginning with a 5) and the Org Unit (department) name.

The Org Key will be the pay point preceded by DD for Duke University & Hospital, DR for Durham Regional Hospital or RC for Duke Raleigh Hospital.

<input type="checkbox"/> Non-Comp Termination <input type="checkbox"/> Termination <input type="checkbox"/> Layoff (5) <input type="checkbox"/> Termination Not Recommended For Rehire		Current Rate of Pay: _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
TERMINATION REASONS (If DECEASED please use Address lines below for the Next of Kin Address and date of relationship)			
00 <input type="checkbox"/> Illness or Injury	04 <input type="checkbox"/> Quit Without Notice	08 <input type="checkbox"/> Deceased (Date of Death: _____)	
01 <input type="checkbox"/> Voluntary Resignation	06 <input type="checkbox"/> Faculty Appointment Ends	12 <input type="checkbox"/> Non-Compensatory Appointment Ends	
02 <input type="checkbox"/> Discharge	07 <input type="checkbox"/> Retirement		
03 <input type="checkbox"/> Probationary Term.			

Indicate whether employee was a Non-Comp termination, was terminated, laid off, or was terminated without rehire recommendations

Check one termination reason (if deceased, fill in the next of kin address below)

Enter the Non Exempt (biweekly) or Exempt (monthly) rate of pay and check Hourly or Monthly.

Note: If reason **2**, **3**, or **4** are checked, attach separate documentation to this form for the HRIC.

Name and **signature** of the person in the department who can authorize the termination.

Departmental Signature: <input type="text"/> <i>(Print Authorized Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <i>(Required Information)</i>
Budgetary Official Signature: <input type="text"/> <i>(Print Authorized Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <i>(Required Information)</i>
Prepared By: <input type="text"/> <i>(Print Name and Obtain Signature)</i>	Date: <input type="text"/>	Tel: (<input type="text"/>) <input type="text"/> <i>(Required Information)</i>

IMPORTANT!
Name of person who prepared this form.

Name and signature of the person at the Management Center level authorized to approve the form.



Send form to HRIC; according to the published deadlines.