

TERMINATION OF EMPLOYMENT

This form must be submitted within 24 hours of retirement, termination, or resignation.

Date _____

Name of former employee _____ ID # _____

Terminated as of: _____

Please circle one: retirement termination resignation

I request that the above former employee be deleted from the Access control system

Human Resources authorization signature or Director of outside service provider:

This area to be filled out by Safety & Security

The above former employee has been deleted from the Access Control System

Signature of Safety & Security authority _____

Date _____

Was ID card turned in? _____

Was ID card shredded? _____