

## CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE ● CAPE GIRARDEAU, MO 63701 ● PHONE: 573-335-1867 ● FAX 573-335-1820

## **Termination/End of Employment Form**

Complete form and submit to Human Resources

Employee Name:					
Termination Date:	(same as last day worked)				
Position:					
Department:		Building:			
Reason for Ending Emp	loyment:				
Resigned	Terminate	d <u>O</u>	Retired		
Available for Re-Hire in t	he Future:			_(Yes or No)	
Comments:					
Supervisor Signature			Date		
Supervisor: send a	ll original employee docume	nts to Human Rese	ources for emp	lovee's	
	cluding reviews, write-ups a				
To be completed by Hu	man Resources				
Last Payroll:	Update SISFIN:	e SISFIN: Schedule Exit Interview:			