



THE HARKER SCHOOL

TERMINATION STATUS FORM

Employee Name: _____ EE ID: _____ EE NUM: _____

Section 1 - To be Completed by Supervisor

Termination Effective Date: _____ Resignation Letter Attached

Last Day Employee Worked: _____ Date Employee Notified Supervisor: _____

Notes: _____

Section 2 – For HR/Payroll Use ONLY

Manual Check Payroll Check Direct Deposit

Date Needed: _____ Pay Date Processed: _____ Pay Date Processed: _____

Hours to be Paid: _____

PTO Balance: _____

Deductions:

Medical _____ Dental _____ Vision _____ Voluntary Life/ADD _____

403(b) _____ Food Court _____ HSA EE/Family _____ Other _____

Notes:

Manager Signature: _____ Date: _____

Secondary Manager Signature: _____ Date: _____

HR Signature: _____ Date: _____