

Department: \_\_\_\_\_ PI/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PEOPLE DATA

Last Name:	First Name:	Middle Initial:	Person #:
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## ASSIGNMENT

Termination Reason:

Layoff (Specify Reason) \_\_\_\_\_  
 Discharged (Requires prior consultation with HR - Employee Relations)       Retirement  
 Resigned (Attach written resignation)       Deceased       Other (explain in notes)

## LABOR DISTRIBUTION

Project	Task	Award	Expenditure Type	Term Date	Annual Amounts	Actual %	LD %

## NOTES / EXPLANATIONS

## APPROVALS

Employee Signature	Date	Principal Investigator	Date	Chair/Dean/VP	Date
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## FOR BUSINESS USE ONLY

Element:	Payroll Period: _____ -- _____	Over Payment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacation P/O :	Total # Hours _____ X Hourly rate _____ = Total Dollars _____	Pay Date _____
<b>SPS Stamp</b>	<u>H.R. Reviewed</u> _____ Date _____ <u>Assignment #</u> _____ Date _____ <u>Assignment Input</u> _____ Date _____ <u>Distribution Input</u> _____ Date _____	<b>HRS Stamp</b> <input type="checkbox"/> 28 Day Runoff <input type="checkbox"/> Final Term <input type="checkbox"/> Vacation Payout <input type="checkbox"/> Cobra Sent