

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

UF ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Does employee work in another UF Department: yes  no

If yes, number of hours per week \_\_\_\_\_

**ACTION TO BE TAKEN:**

New hire  Termination  Is employee recommended for re-hire? \_\_\_\_\_  
Increase pay  Increase hours  Decrease hours

**TYPE OF APPOINTMENT:**

Graduate Assistant  Student Assistant  OPS  Work Study

Hours per week: \_\_\_\_\_

*Failure to submit termination may cause funds to be taken from you account without cause.*

**PAYROLL INFORMATION:**

Effective Date: \_\_\_\_\_ Projected Termination Date: \_\_\_\_\_

Pay Rate: Hourly \_\_\_\_\_ Payroll Account: \_\_\_\_\_

Employee will be located in room \_\_\_\_\_ Lab \_\_\_\_\_ Phone \_\_\_\_\_

**DUTIES:**

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faculty Approval \_\_\_\_\_  
Print Name Signature

**SUBMIT**