

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