



## Request for Termination

Name: \_\_\_\_\_ OSU ID# \_\_\_\_\_

Title: \_\_\_\_\_ Position # \_\_\_\_\_

Record #: \_\_\_\_\_

Department name: \_\_\_\_\_

Specify the Reason for Termination:

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Date after last day worked: \_\_\_\_\_

Additional Comments:

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Person Authorizing Termination

Date

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Person Entering Termination in HRIS

Date