



# University of Alaska System Termination

MAU/Major Administrative Unit (circle one)				Department
UAA	UAF	UAS	SW	
Last Name		First	M.	
Employee ID			Home Phone	

- Regular Term Date (last day paid) \_\_\_\_\_
- Temporary Employee Class \_\_\_\_\_
- Student Position # \_\_\_\_\_ Suffix # \_\_\_\_\_ Job TKL (Check Dist Code) \_\_\_\_\_

**Employee/Department:** Complete information on form, attach the employee's final timesheet, and forward to your campus HR office. Also attach resignation letter from the employee if appropriate to the termination reason (see reverse side of form).

### Termination Reason (PEAEMPL)

Term Code: \_\_\_\_\_ Reason: \_\_\_\_\_  
See reverse side of form for term codes

### Employee Contact Information (PPAIDEN)

Current Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Address Change \_\_\_\_\_

Effective Date

- For Final Pay  For Future Communications

New Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor Information

Name: \_\_\_\_\_  
ID: \_\_\_\_\_  
MAU: \_\_\_\_\_ TKL: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Supervisor's Acceptance Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payroll Entry Checklist

- Final Timesheet attached  
 Annual Leave Payoff  
 Copy of final check information attached (PHICHEK)

### Personnel Entry Checklist

- NBAJOBS  PEAESCH  PDAEDN  PDABCOV  PEAREVW(Retiree)  PPAIDEN  PEAEMPL

Personnel \_\_\_\_\_ Date \_\_\_\_\_

Payroll \_\_\_\_\_ Date \_\_\_\_\_

Budget \_\_\_\_\_ Date \_\_\_\_\_

### Clearances

	Balance due**	Approved by
Department	\$ _____	_____
Business Office	\$ _____	_____
Library	\$ _____	_____
Keys	\$ _____	_____
Security/Parking	\$ _____	_____
Corporate Card	\$ _____	_____
Procard	\$ _____	_____
Travel	\$ _____	_____
_____	\$ _____	_____
ID Card		_____

\*\*The University of Alaska may deduct outstanding amounts from the employee's final pay check.

### Information/Forms Provided (for HR office use)

- Pension  
 PERS/TRS/ORP (may include verification of service)  
 COBRA Health Continuation  
 Health/Life Insurance Conversion  
 Exit Interview By/Date \_\_\_\_\_  
 Username Termination  
 Other \_\_\_\_\_

### Submitter Information

Name: \_\_\_\_\_  
ID: \_\_\_\_\_  
MAU: \_\_\_\_\_ TKL: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

- Copy of final leave balances attached (PEAEMPL)  
 Clear leave balances (PEAEMPL)  
 GXADIRD  
Sick Leave Balance \_\_\_\_\_

## ***Employment Termination Reasons***

<b><u>Code</u></b>	<b><u>Definition</u></b>
DE	Deceased
DO	Deceased (Occupational)
FA	Dismissal - Attendance
FC	Dismissal - Cause
FD	Dismissal - Contract/Term Expired
FE	Dismissal - Credentials Revoked
FF	Dismissal - Unable Perform ADA
FH	Dismissal - Non-return from FML
FI	Dismissal - Ineligible for Rehire
FJ	Dismissal - Job Abandonment
FK	Dismissal - Layoff
FL	Dismissal - No Longer Eligible
FM	Dismissal - Non-retention
FN	Dismissal - Not Eligible Employ
FO	Dismissal - Other
FP	Dismissal - Performance
FQ	Dismissal - Probationary
FR	Dismissal - Reduction in Force
FS	Dismissal - Temporary At Will
FT	Dismissal - Temp Assignment Ended
FW	Dismissal - Union Enforcement
OT	Other

***A resignation letter is required for the following termination codes. The final pay will be issued on the next available regular payday.***

QB	Resigned - By Mutual Agreement
QD	Resigned - Dissatisfaction
QE	Resigned - Educational Reasons
QJ	Resigned - Other Employment
QL	Resigned - By Legal Agreement
QM	Resigned - Medical Reasons
QN	Resigned - Occupational Disability
QO	Resigned - Other
QP	Resigned - Personal
QR	Resigned - Relocation
RD	Retirement - Disability
RE	Retirement - Early
RP	Retirement - RIP
RR	Retirement - Regular
RS	Retirement - Special