



WAYLAND BAPTIST UNIVERSITY

TERMINATION REPORT FORM

DATE: _____

NAME _____ TITLE _____

SOCIAL SECURITY # _____ OFFICE/SCHOOL OF EMPLOYMENT _____

Date of Last Day to be WORKED: _____ Estimated VACATION LEAVE ACCRUED at this Date: _____

- Type of Separation:
- Resignation Attach letter of resignation or detail reasoning below
 - Dismissal Attach notification(s) or detail reasoning below