

Human Resources Department
Temporary Employee Permanent/Termination Record Form



Today's Date: _____

Employee Name: _____

Position Title: _____

Department: _____

Banner ID: _____

Reason:

- Resigned Terminated Permanent 31 Day Break

If Terminated Give Reason: *(Voluntary/Involuntary)*

Supervisor Signature: _____

Print: _____

Contact Number: _____

Section to be Completed by Human Resources

Date Received in HR: _____

Date Keyed in Banner: _____

Signature of HR Temp Staff: _____