



CAMERON UNIVERSITY

Employee Termination Form

To be completed by employee's supervisor (Dean/Department Chair/Director)
Contact the Office of Human Resources at (580) 581-2245 if you have questions.

Employee Name _____

Supervisor Name _____

Employee Job Title _____

Department Name _____

Effective Date of Termination _____

Would Recommend for Rehire Yes No

Comments:

Signature of Dean/Department Chair/Director

Date

Received by Human Resources: _____