

**YALE UNIVERSITY LIBRARY
PERSONNEL ACTION FORM – TERMINATION**

Name: _____ Social Security #: _____

Department / Unit: _____ Supervisor's Telephone #: _____

Complete Organization Name: _____

Last Day Actually Worked: _____

Position Held: ☐ Student ☐ Casual / Temp ☐ C & T ☐ M & P

REASON FOR TERMINATION

- | | |
|---|--|
| <input type="checkbox"/> Attend School | <input type="checkbox"/> Other Employment |
| <input type="checkbox"/> Course Load Too Heavy | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Relocated |
| <input type="checkbox"/> Failed Probationary Period | <input type="checkbox"/> Resigned |
| <input type="checkbox"/> Failed to Report to Work | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Graduating | <input type="checkbox"/> Temporary / Casual Term Ended |
| <input type="checkbox"/> Lack of Funds | <input type="checkbox"/> Term Ended – C&T or M&P |
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Unqualified for Job |
| <input type="checkbox"/> Misconduct / Attitude | <input type="checkbox"/> Without Notice |
| <input type="checkbox"/> Mutual Agreement | <input type="checkbox"/> Other _____ |

Discharged for:
☐ Poor performance (state specific reason): _____

Would you rehire ☐ Yes ☐ No, If no, please explain _____

Supervisor's Signature _____ Date _____

Department Head's Signature _____ Date _____