Employee Termination Information

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| **Leave Type** |   |
| **Leave Reason** |   |
| **Employee ID** |   |
| **Employee Name** |   |
| **Site (SJHC/SMH/PHC)** |   |
| **Department** |   |
| **Manager Name** |   |
| **First Day of Leave** |   |
| **Last Day of Leave** |   |
| **Special Comments** |   |

To process a termination, please fill out the chart below. Once complete, please copy and paste the chart and send to HR.Coordinator@unityhealth.to and cc ORAResearch@unityhealth.to. Failure to do so may result in a delay in terminating the employee and the PI being overpaid from their activity account.