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](mailto:HR.Coordinator@unityhealth.to) and cc [ORAResearch@unityhealth.to](mailto: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.