Newfoundland
Labrador

EMPLOYEE TERMINATION FORM

DISTRICT NO. ☐☐☐   DISTRICT NAME _____

SCHOOL NO. ☐☐☐   SCHOOL NAME _____

SOCIAL INSURANCE NUMBER   SURNAME   GIVEN NAME   INITIAL

☐☐☐☐☐☐☐☐☐   _____

DATE LAST PAID		
YY	MM	DD

SESSION WORKED ON LAST DAY (Check one)
☐ FIRST SESSION
☐ SECOND SESSION
☐ PRESENT FOR FULL DAY

REASON FOR TERMINATION (Check one)
☐ 1   LAYOFF
☐ 2   RESIGNATION
☐ 3   RETIREMENT
☐ 4   DEATH
☐ 5   DISMISSED

DATE _____   DISTRICT AUTHORIZING SIGNATURE _____
       YY / MM / DD

DEPARTMENT OF EDUCATION COPY