



**Personnel Data Form
(Termination/Location Change)**

EMPLOYEE NAME:	_____	POSITION #:	_____
LOC./CHECK DIST.CODE:	_____	EMPLOYEE ID #:	_____

Check Applicable	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> LOCATION CHANGE
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TERMINATION CODE:	_____	TERMINATION REASON:	_____
IF TERMINATING AS INACTIVE, AUTHORIZED BY:		_____	

EFFECTIVE DATE:	_____
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LIST POSITION & NAME OF TIMESHEET APPROVER.	_____
IS THIS PERSON AN APPROVER FOR TIMESHEETS?	<input type="checkbox"/> YES (Approval list must accompany this PDF.) <input type="checkbox"/> NO

NOTES:	_____
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PREPARED BY:	_____	DATE:	<u>December 11, 2013</u>
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