

**Cape Girardeau Public School District No. 63**  
**Termination/End of Employment Form**

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*Complete form and submit to Human Resources*

**Employee Name:** \_\_\_\_\_

**Termination Date:** \_\_\_\_\_ *(same as last day worked)*

**Position:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Reason for Ending Employment:**

\_\_\_\_\_ **Resigned**          \_\_\_\_\_ **Terminated**          \_\_\_\_\_ **Retired**

**Available for Re-Hire in the Future:** \_\_\_\_\_ *(Yes or No)*

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

*Supervisor: send all original employee documents to Human Resources for employee's permanent file including reviews, write-ups and/or discipline issues, with this form.*

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To be completed by Human Resources

Last Payroll: \_\_\_\_\_ Update SISFIN: \_\_\_\_\_ Schedule Exit Interview: \_\_\_\_\_