



# Rogue Community College

3345 Redwood Highway, Grants Pass, OR 97527

## TEMPORARY STAFF (NTE 599 HRS/YR) TERMINATION FORM

If a temporary employee is terminated, this form must be completed before a final pay check will be released. It should be completed by the temporary employee's supervisor and sent to the Human Resources Department **immediately** along with the temporary employee's final time report.

*If an employee is discharged, the final paycheck is due not later than the end of the next business day (ORS 652.140(1)). If an employee quits with less than 48 hours notice, excluding weekends and holidays, the paycheck is due within five days, excluding weekends and holidays, or on the next regular payday, whichever comes first (ORS 652.140(2)).*

Name of Employee \_\_\_\_\_ Social Security Number \_\_\_\_\_

Department \_\_\_\_\_ Campus RWC RVC TRC CS

Date of Hire \_\_\_\_\_ Date of Termination \_\_\_\_\_

Termination was:  Voluntary  Involuntary

Reason for Termination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee comments upon Termination (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did Employee return all RCC property (i.e. keys/ID badge)?**

N/A

Yes (list items & who returned to) \_\_\_\_\_

\_\_\_\_\_

No (explain) \_\_\_\_\_

\_\_\_\_\_

### **SIGNATURES**

Employee's Signature (optional) \_\_\_\_\_ DATE \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Supervisor Name (printed) \_\_\_\_\_

ENTERED IN HR \_\_\_\_\_ DATE \_\_\_\_\_ ENTERED IN PAYROLL \_\_\_\_\_ DATE \_\_\_\_\_

Distribution: Human Resources,  Payroll,  Budget & Finance Dept,  Requesting Department