

CHAMPAIGN COUNTY PERSONNEL INFORMATION TERM FORM
Termination — Departure from the Department / Departure from the County

Employee Information:

Employee Name: _____ SSN: ____/____/____
Address: _____ DOB: ____/____/____
Phone: _____

Position Information

Position Title: _____ Pay Grade: _____ Effective: ____/____/____
Office/Dept: _____ Annual Hrs: _____ Hourly Wage at Term: _____
Contract: _____ FT/PT/Temp: _____

Involuntary Retired Resigned Transfer to Other County Department

Resignation/Departure reason: _____

I.T. Requests

Delete Profile: Yes No Give Access To: _____

Other I.T. Related Requests: _____

Parking Permit Surrender Information

Parking Space Location: _____
Vehicle #1 Make/Model: _____ License Plate: _____
Vehicle #2 Make/Model: _____ License Plate: _____

Department Authorization

Submitted: ____/____/____ By: _____
Name of Authorizing Elected Official / Department Head (initials of person completing the form)

Payroll Authorization

Approval Authority: _____ Effective: ____/____/____
Hourly Rate: _____ Bi-Weekly Rate: _____ Annual Rate: _____
Approved By: _____ Date: ____/____/____

Notes: