



**CENTRAL OREGON**  
community college

**COCC Payroll**  
Phone: (541) 383-7221  
FAX No: (541) 317-3066

**NOTICE OF TERMINATION OF EMPLOYMENT (TALX Form)**

**Instructions:** Please complete this form to the best of your knowledge and return it to Payroll. Please be sure to sign and date the form in the space indicated. This completed form is necessary to enable Payroll to complete their employment records and to process your final paycheck. Your promptness in returning this form will be greatly appreciated.

**Name of Employee** \_\_\_\_\_  
Last, First, Initial (Other Names Used)

**Current Address:** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

If you are relocating, please provide **forwarding address**. This address will be used for W-2 tax information:

**COCC ID #:** \_\_\_\_\_ **Last Working Day:** \_\_\_\_\_

**Reason for Termination:**

\_\_\_\_ Laid off/Lack of Work \_\_\_\_ Resigned \_\_\_\_ Discharged \_\_\_\_ Resigned in Lieu of Discharge \_\_\_\_ Other

Please Provide **Explanation:** \_\_\_\_\_

\_\_\_\_\_

(If more room is needed for explanation, please use a separate sheet of paper)

**Check the applicable box below and carefully read the vacation requirements:**

\_\_\_\_ **Classified** Employee - I request that all unused vacation hours be refunded to me at the time of termination. I understand I need to give 2 weeks' notice to receive a vacation payout.

\_\_\_\_ **Administrative** Employee - With my supervisor's approval, please refund all unused vacation hours.

**I hereby certify that the above information and reason for termination are correct:**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**TO BE FILLED OUT BY PAYROLL DEPARTMENT:**

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

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

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ Vacation Pay \_\_\_\_\_ \$ \_\_\_\_\_  
Number of Days Amount

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\_\_\_\_\_ Eligible for Rehire: ( ) Yes ( ) No

Date \_\_\_\_\_ Director of Human Resources  
Original: Payroll Copy: Human Resources