



Improving Lives. Improving Texas.

Modified Notification of Employment Termination

FAX copy to Human Resources-County Programs: 979-458-1046

1. Name: _____

2. Title: _____ County Coordinator? Yes No

3. Official Headquarters:

District: _____ County: _____ City: _____

4. Reason for termination:

Resignation Retirement Deceased Dismissal

Other: _____

5. Effective date (final day on payroll): _____

6. Last day in the office (final working day): _____

7. Overall evaluation of employee's performance compared to other employees under your supervision.

Excellent Good Fair Poor

9. Recommended for re-employment? Yes No Provisional

Explanation of Provisional: _____

Submitted by: _____

Supervisor

Date _____