



EASTERN OREGON UNIVERSITY

EASTERN OREGON UNIVERSITY Termination Payroll Form

Please use this form when an employee no longer is employed with your department so they can be removed from Web Time Entry.

This form must be completed and sent to the EOU payroll office after the employee's last day of work.

Employee Name: _____

EMPLOYEE NAME: _____ SSSSSSS

9A D@CM99 ID#: _____ TERM DATE: _____

DEPARTMENT: _____ JOB TITLE: _____

INDEX CODE: _____

Signature of Supervisor / Web Time Entry Approver

Date

Print Name of Supervisor / Web Time Entry Approver

Supervisor 910#