Woods Hole Oceanographic Institution
Human Resources Office

Authorization for Involuntary Termination

(Items 1-5 to be completed by the Supervisor, approved by the Department Chair or Administrative Manager, and forwarded to the Human Resources Manager for the additional signature(s) as required. Termination may take place only **after** the HR Manager confirms approval(s) and arrangements.)

1. Name:	2. Recommended Termination Date:

3. To be terminated for the following reason(s) (attach additional documentation as necessary):

4. I recommend the rehire of this employee: ☐Yes ☐ No

5. I recommend a change in employee status to Casual due to lack of work/lack of funding:
☐Yes ☐No

Supervisor Signature	**Date**
Dept Chair/Admin Manager Signature	**Date**

APPROVED BY:

Human Resources Manager	**Date**
Ombuds / EEO Officer	**Date**
VP & Dean	**Date**
President & Director	**Date**