

SAMPLE TERMINATION LETTERS

Resignation Acknowledgement Letter

[Date]

[Name]

[Address]

Dear [name]

This is to acknowledge receipt of your resignation notice, effective <date>.

Your last day in the office is <date>.

On or before your last day on duty, you will need to complete the enclosed Property Clearance form (**OUHSC**).

On behalf of the University, I want to thank you for your service to the faculty, staff, and students of OU and wish you the best in your future endeavors.

Supervisor's Signature

c: Human Resources

SAMPLE TERMINATION LETTERS

Acceptance of verbal resignation

[date]

[Name]

[Address]

Dear [Name]:

This letter is to acknowledge verbal notice of your resignation given [date] at [time].

I accept your resignation effective immediately. Although you did not provide the notice as required by University policy, you will still receive pay for earned but unused leave. You will be paid for that time on the next regularly scheduled payroll cycle.

You may contact the Benefits Office to obtain information regarding any benefits-related options available to you.

Please contact the Office of Human Resources if you have any questions. Thank you for your service to the students, faculty, and staff of the University of Oklahoma.

Sincerely,

Supervisor name

Title

c: Department file

Human Resources

SAMPLE TERMINATION LETTERS

NonRenewal/ Early Termination of Term or Limited Appointment

<Date>

<Name>

<Home Address>

Dear <Name>:

On <date> you began a <full time/part time> <term/limited> appointment as a <working title> <classification> in the <division/department/group>.

For Nonrenewal

As you know, your <term/limited> appointment is scheduled to end on <date>

For Term Appointments

Unfortunately, your appointment will be terminated effective <date> due to <state reason... e.g. lack of funding/lack of work>.

For Temporary Appointments

This appointment was scheduled to end on <date> or upon reaching 900 hours in a rolling 12 month period. You will reach the hourly limitation on <date>. As a result, your limited appointment will end on that date.

Thank you for the contributions you have made during your appointment at the University. We wish you the best in your future endeavors.

If you have any questions, please feel free to contact me.

Sincerely,

cc: <Division Director>
<Department Head>
<HR >
Personnel File

SAMPLE TERMINATION LETTERS

Involuntary Termination letter

Name
Address

Dear Name:

By letter dated [date], you were offered the position of [position title] and advised that “the employment relationship established by your acceptance of this offer is at will, and may be terminated by either party, at any time”.

The purpose of this letter is to inform you that, in the best interest of the [department/college], your employment is being terminated, effective [date].

Please contact the Human Resources Office if you have questions about your benefits or any other matters pertaining to your employment with the University.

Sincerely,

Supervisor Name
Title

cc: Employee file
Human Resources

SAMPLE TERMINATION LETTERS

NORMAN CAMPUS

NOTE: Terminations actions and termination memos on the Norman campus should be reviewed by the Office of Human Resources, Employee Relations and Development (ER&D)

DATE

Dear X,
EMPLID: _____

NOTE: The university is an at will employer and in those instances (such as misconduct that includes theft, violence, etc.) it may in the best interest of the university to terminate (example 1- contact ER&D for guidance).

However, the Office of Human Resources encourage departments to use the progressive (i.e., positive) discipline process to help employees succeed. In those instances where the employee does not succeed, termination results. The termination memo should be factual and reflect dates and times of the discipline process. See examples 2 – 5 below.

Original: Signed and dated and is given to the employee

Copy: Department, Office of Human Resources, Employee Relations and Development

1. It is in the best interest of the University...
2. Per our recent discussions (list dates) regarding time and attendance...
3. Due to your inadequate work performances which have been documented by previous memos/conversations with you on X date(s)...
4. You and I have discussed or you have received memos dated X and X...or,
5. If an employee has indicated s/he is no longer able to perform the essential functions of the position or if the employee is unable to return to work...contact

your position of JOB TITLE is terminated effective DATE.

Your access to our departmental email, university computing systems, and access to this building will also terminate immediately. You will/will not receive WEEKS/MONTH of separation pay and \$\$ amount of paid leave. You will/will not be eligible for re-hire within this department/university. You must make arrangements to collect your personal belongings by contacting X by DATE.

Attached is a copy of the termination checklist that has information you may need and attests to the fact that you have returned required information and documents to me. In addition, the university invites you to complete and Exit Survey located online at <http://survey.ouhsc.edu//TakeSurvey.aspx?SurveyID=9IL04n3>

NOTE: Remove this box from the actual memo. Internal Auditing requires that all terminations must have the Termination Checklist (online @<http://hr.ou.edu/managers/>) completed by the department and signed by the employee. The employee receives a copy and the department must retain the original in the departmental file for auditing purposes.

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You may contact the Office of Human Resources regarding future employment opportunities at 405-325-1826, information on benefits at 405-325-2961, and/or possible grievance procedures at 405-325-3706.

Sincerely,

Supervisor Signature

Signature of Employee: _____

Your signature indicates that you have received this information.

Signature of Witness: _____

If employee refuses or is unwilling to sign the memo, the witness's signature does not indicate s/he necessarily agrees with this action, it is meant to be an indication s/he witnessed the supervisor's attempt to provide the employee this information.

c: Dean/Director
VP
Academic Areas must copy Dr. Mergler
Office of Human Resources – Employee Relations and Development

SAMPLE TERMINATION LETTERS

Job Abandonment

Date

Name
Address

Dear ,

On [date] you did not report to work as scheduled or contact the office to notify us of your absence. You have not returned to work nor have you called to explain the reasons for your absence.

Therefore, your employment with the University is terminated effective [date] for job abandonment.

For information on any benefits you may have available and other employment opportunities, please contact the Office of Human Resources at [phone number].

Sincerely,

Cc: Office of Human Resources, Records

SAMPLE TERMINATION LETTERS

Termination because of reduced funding

Date

Name
Street Address
City, State, Zip

Dear :

As you know, your appointment to (Contract/Department) is subject to the availability of funds. The (Contract/Department) funding to which you are appointed will end [date], at which time we must terminate your appointment effective on that date.

The previously existing conditions of your employment will remain unchanged except as set forth herein. Conditions of employment are subject to the rules and regulations established for the governance and operation of the University as approved by the University of Oklahoma Board Of Regents. Changes in rules and regulations may be effective immediately or as specified upon adoption by the board of Regents.

The (department or area or contract) is a self-supported entity and, as a University agency, reserves, at all times, the right to institute budget reduction actions, including changes in salaries and benefits, in order to meet actual revenues.

Your contributions to (Department) are greatly appreciated. We will be happy to provide a reference for you to seek other employment within the University or external to it if you so desire.

With a copy of this letter, we are notifying the Office of Human Resources of your situation and we encourage you to contact them for the availability of any open positions for which you are eligible or for any other assistance they can offer.

If you have any questions about the contents of this letter, please ask.

Sincerely,

SAMPLE TERMINATION LETTERS

Termination as result of Reduction in Workforce

To: [Employee Name]
From: [Manager Name]
Re: Notice of Reduction of Force
Date: [insert date]

This notice is being provided in compliance with the University of Oklahoma Staff Handbook, Section 3.8, **Reduction in Work Force**.

We regret to inform you that your position is being eliminated. A reduction in force will occur on [insert date: **must be at least 30 calendar days from date of notice**]. The reason for this action is [reorganization, lack of work, lack of funds, or the abolishment or reduction of an activity]. You have the right to appeal this action through the University's grievance procedure. Any such appeal must be filed within 10 days of your receipt of this notice. Please contact Human Resources for the appropriate forms if you wish to file a grievance.

You also have certain rights of reemployment and reinstatement under the University's Reduction in Force Policy. To maintain reemployment and reinstatement eligibility, you must keep Human Resources informed of your current mailing address.

Recall and reinstatement procedures for employees laid off as result of RIF are as follows:

1. Employees qualified for recall must be screened before advertising a vacancy in the budget unit affected by the reduction in force.
2. Employees will be recalled in inverse order of layoff for any position in the affected budget unit for which they meet the minimum qualifications.
3. Written recall notice from the department head to the employee will be sent by certified letter with return receipt with a copy to Human Resources.
4. Recalled employees shall have 10 calendar days from the date of the return receipt of the letter to notify the University of their intent to return to work, and such limitation shall be stated in the letter of recall to the employee. Employees failing to state intent to accept reemployment within 10 calendar days will be removed from eligibility for recall.
6. An employee who is not available to report for reemployment within 30 calendar days of the recall notice shall be removed from eligibility for recall.

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This memo contains information of the resources being made available on-campus to assist you through this transition.

As a result of this reduction in force, you may be eligible for unemployment insurance benefits. You are advised to apply for unemployment benefits with the Oklahoma Employment Security Commission. If you have questions about this process contact Employee Relations at xxx-xxxx.

Employment Section, Human Resources

You should contact the Human Resources Office of Employment at xxx-xxxx to discuss other employment opportunities at the University of Oklahoma Health Sciences Center. You must apply for each vacant position on campus in which you are interested. It will not be the responsibility of the University to find you employment within or outside of the University, however, the Employment Section will assist you through the process which includes but is not limited to resume review and one-on-one counseling concerning available positions on campus. All open positions can be researched via the web at <http://hr.ou.edu/employment> or in the Employment section of Human Resources located ...

Benefits Office, Human Resources

Your sponsored health, dental and vision coverage will continue until the end of the month in which the reduction in force occurs.

If you need or choose to continue your health, dental or vision coverage you may do so for a limited time through COBRA. For information regarding the continuation of these benefits, please contact the Benefits Office. You may also contact the Benefits office concerning questions about retirement funds.

On behalf of the University, I wish to thank you for your years of service.

Sincerely,

Department Head

cc: Human Resources
Equal Opportunity Office