

University of Arkansas at Pine Bluff
NOTICE OF TERMINATION

FAX TO: UAPB Payroll Office

FAX NO.: (870) 575-4650

ATTN: Mrs. Jacqueline Ross

DATE: _____

Please be advised that _____,
(Please print employee's name)

will terminate his/her employment with the University of Arkansas at Pine Bluff at

close of business on _____.
(Date)

Signature of Supervisor _____

Printed Name of Supervisor _____

Department: _____ Phone Ext.: _____

Please complete this form as soon as you receive an employee's notice of termination. Fax this form to the number indicated above. If you have questions, call extension 8404 or 8403.