

**University of Arkansas at Pine Bluff  
NOTICE OF TERMINATION**

FAX TO: UAPB Payroll Office

FAX NO.: (870) 575-4650

ATTN: Mrs. Dana Mooney

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.*