



UNIVERSITY OF LETHBRIDGE
School of Graduate Studies

B610, 4401 University Drive West, Lethbridge AB CANADA T1K 3M4
 Telephone: (403)-329-2742, Email: sgsinquiries@uleth.ca

Postdoctoral Fellow (PDF)
Termination Form

PART 1: TO BE COMPLETED BY THE FACULTY SUPERVISOR

Function: Voluntary Termination Involuntary Termination

A. PERSONAL DATA

U of L ID Number: _____ PDF Name (Full legal): _____
SURNAME FIRST MIDDLE

Address Post Appointment: _____
(If known) ADDRESS CITY

_____ PROVINCE/STATE _____ POSTAL CODE/ZIP _____ COUNTRY

B. FUNDING SOURCE(S)

UNIVERSITY OF LETHBRIDGE SALARY INFORMATION:

* **Position Number:** _____ **End Date/Last Day Paid** _____ **Monthly \$** _____
(DD-MMM-YYYY)

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

* **Position Number:** _____ **End Date/Last Day Paid** _____ **Monthly \$** _____
(DD-MMM-YYYY)

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

* **Position Number:** _____ **End Date/Last Day Paid** _____ **Monthly \$** _____
(DD-MMM-YYYY)

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

Fund: _____ Orgn: _____ Acct: _____ Prog: _____ Activity: _____ %: _____

FINANCIAL SERVICES USE ONLY

Date: _____ Position Number: _____ Signature: _____
(DD_MM_YYYY)

C. HUMAN RESOURCES

Record of employment requested (Employees only) Last day worked: _____
(DD-MMM-YYYY)

Severance consultation with SGS/Human Resources complete: Yes No Severance amount to be paid: _____

Human Resources Approval (Human Resources Use Only) Signature: _____ Date: _____
(DD-MMM-YYYY)

D. DECLARATION

I certify that this termination occurred in compliance with the process as set out by the current Postdoctoral Fellows Policy. In addition I declare that I have ensured all access to both physical and electronic data has been recovered or terminated:

Faculty supervisor name: _____ UofL ID Number: _____

Date: _____ Faculty supervisor signature: _____
(DD-MMM-YYYY)

Additional Funding Authorization (if required): _____ Date: _____
(DD-MMM-YYYY)

I authorize this termination and verify that it is in compliance with the current Postdoctoral Fellows Policy:

Dean SGS Name: _____ Date: _____ Signature: _____



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PART 2

Please attach proof of notification given to/received from the Postdoctoral Fellow regarding the termination of appointment. Notification should include the reasons for the termination, information regarding termination terms and follow the guidelines provided in section 8 of the Postdoctoral Fellows Appointment Procedure within the [Postdoctoral Fellows Policy](#).

Examples include:

- Letter of Resignation from the PDF
- Signed Termination Letter

Comments: _____

