**TERMINATION/RESIGNATION PAF REQUEST**

All departments are required to use this template for **all PAF termination requests** sent to the Graduate School. This is a Microsoft Word document which shall be used as a template, cut and pasted into all emailed PAF termination requests.

**Last name, First name (EMPLID)**

1. Month/day/year contract is being terminated

 **2.** Provide last date worked

 - OR -

 Indicate “No days worked – cancel entire contract.”

Submitted by:

Date Submitted: