

APPENDIX FF
File Closure Form
Human Resources Office
College of Micronesia-FSM

Section A: Employee's Information

Name of Employee: _____	Campus: _____	
Last	First	Middle Initial
Effective Date of Last Personnel Action/ Contract: (mm/dd/yyyy) _____		
Position Title Last Held: _____		

Section B: Employee Performance & Rehire Eligibility (to be completed by supervisor)

Supervisor of the departing employee will complete section B of this Form and forward it to HRO within two weeks of the employee's last day of employment at the college.

1. Overall performance in the job last job held was: <input type="checkbox"/> Excellent <input type="checkbox"/> Above average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor	2. Employee is: <input type="checkbox"/> Eligible for rehire <input type="checkbox"/> Not recommended for rehire <input type="checkbox"/> Ineligible for rehire
Comment(s): 	
Name of Supervisor: (Print) _____	
Signature: _____	Date: _____

Section C. File Summary (to be completed by HRO)

HR Received Form from Supervisor on _____	
Date and Time	HR staff Name (Print & Initial)
The employee's departure from the college per personnel file is as result of:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Layoff (specify cause in the space provided below)
<input type="checkbox"/> Forced resignation	<input type="checkbox"/> Termination
<input type="checkbox"/> Employee provided notice of non- contract renewal	<input type="checkbox"/> Medical related /medical retirement
<input type="checkbox"/> Supervisor provided notice of non-contract renewal	
Comment(s): 	
Form was filed by: _____	Date: _____
(Print Name & Initial)	(dd/mm/yyyy)