

## Termination Authorization Form

Records formal approval for employment termination.

### 01 Employee Information

Employee Name

Employee ID

Department

Position

Reporting Manager

Employment Start Date

### 02 Termination Details

Termination Type

Effective Date

Last Working Date

Notice Period

Notice Served?

Termination Reason

**03 Compliance**

Legal Review Completed?

Compliance Check?

Documentation Complete?

Severance Applicable?

Severance Amount

**04 Authorization**

Authorized By

Authorization Date

HR Approval

Additional Notes

**Declaration & Consent**

I authorize the termination of employment as detailed above. This decision has been reviewed for compliance with applicable labor laws and company policy. All necessary documentation has been completed and the employee will be informed in accordance with proper procedures. All data will be handled in accordance with Humii's Privacy Policy.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Designation