



Mississippi Department of Wildlife, Fisheries, and Parks

CONTRACT TERMINATION ROUTING

The supervisor and employee are responsible for the completion of this form **PRIOR** to the effective date and **BEFORE** the payroll deadline.

Employee Name (Please Print)

Termination Effective Date

Responsible Supervisor (Please Print)

Responsible Supervisor's Signature

DATE	ACTION PERFORMED	Department	Signature
	Supervisor initiated a Termination Routing Form	Supervisor	
	Returned all Agency affiliated Keys, Codes, Locks, etc.	Supervisor	
	Notified Accounting of Termination (MAGIC & Agency CC)	Accounting	
	Completed Property Transaction Form	Asset Management	
	Returned Fuel Credit Card(s) to Fleet Services	Fleet Services	
	Notified MIS for Off-Boarding	MIS	
	Notified Communications of Termination <i>* Only applicable for Law Enforcement</i>	Communications	
	Notified Payroll of Contract Termination	HR-Payroll	
	Scheduled Employee Off-Boarding with Human Resources <i>* Only applicable if employee has insurance</i>	HR-Benefits	
	Completed Termination Routing Form and Final Contractual Invoice	HR-Personnel	