



## TERMINATION OF EMPLOYMENT

**LUNDS UNIVERSITET**

Department (equiv.)	
	Internal mailing code
	Cost centre

Personal identity number	
Surname	First name
Address	
Postal address	

### REQUEST

Position		Extent of employment
My last day of employment will be .....	Reason: <input type="checkbox"/> State pension <input type="checkbox"/> State disability pension <input type="checkbox"/> Other .....	
Date		
Signature		
Signature of Head of Department / name in print		

### DECISION

The request for termination of employment is granted as of .....	
<b>On behalf of the University</b>	<b>Date</b>
Signature	Name in print