

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

DISCHARGE LETTER

LETTER TO:

Name of Employee: _____ R# _____

Position Title: _____

Department: _____

**The intent of this notice is to inform you that your employment
with Texas Tech University Health Sciences Center will be
terminated on _____ and your services will no
longer be required.**

RECOMMENDED:

Signature of Supervisor: _____ Date: _____

Signature of Department Head: _____ Date: _____

REVIEWED:

Signature of Asst VP for Human Resources: _____ Date: _____

APPROVED:

Signature of Vice President/Dean: _____ Date: _____