

Notice of Separation

A. Supervisor (with input from Employee as applicable): Complete and send to Human Resources min. 2 (two) weeks prior to separation

Employee Name: _____ I.D. #: _____ Last Day Worked: __/__/__

Dept Name/Charge No: _____ Job Title: _____

Additional jobs/charge numbers for separation: _____

Reason for Leaving: Select Reason and Attach Relevant Documentation (i.e. Letter of Resignation)

- Resignation End Assignment (Temp Only) Inactive (Temp Only)

Human Resources Signature required on this form PRIOR to initiating the following actions:

- Reorganization/Reduction in Force Non-Renewal of Contract (Faculty Only) Dismissal

Property to be turned in last working day / issues to be addressed by Supervisor and/or Employee

(check applicable items or mark "NA"):

- | | | |
|---|--|--|
| <input type="checkbox"/> Computer Equipment (Specify) | <input type="checkbox"/> Purchasing Card | <input type="checkbox"/> OneCard (ID) |
| <input type="checkbox"/> Keys | <input type="checkbox"/> Employee Computer Loan/Tuition Loan | <input type="checkbox"/> Travel/Cash Advance |
| <input type="checkbox"/> Computer Access / Email | <input type="checkbox"/> Phone Number/Access Code | <input type="checkbox"/> Absent Report / Timesheet |
| <input type="checkbox"/> Campus Library | <input type="checkbox"/> Campus Security | <input type="checkbox"/> Other (Specify) |

Final Pay Advice: Pick Up (Location _____) By Mail (Address _____)

Employee Forwarding Address, City, State, Zip: _____

Employee Print/Sign: _____ DATE: __/__/__
Copy to Employee as Requested

Supervisor Print/Sign: _____ DATE: __/__/__

B. Human Resources: Complete and retain original for employee file, copy to Payroll

HR/Employee Relations Initial/Date _____

Separation Effective Date: __/__/__ Insurance Coverage Ends: __/__/__ Eligibility For Retirement:

HR/Benefits Initial/Date: _____

Director Human Resources Print/Sign: _____ DATE: __/__/__