

Employee Separation Information Form

Employee Name: _____

Employee S#: _____ Position #: _____

Department: _____ Title: _____

Pay Rate: _____ Department Org: _____

Employee Type: Adjunct APT Classified Faculty
 Hourly Student Hourly Work-Study

Separation Reason:

Resignation - Personal Reasons Appointment Concluded – End of Assignment
 Retirement Non-Renewal (requires HR approval)
 Transfer within State System Disciplinary Termination (requires HR approval)
 Other: _____

Last Day Worked: _____ Last Date of Employment: _____

Retirement Effective Date: _____

Approvals:

Supervisor (print): _____

Supervisor Signature: _____ Date: _____

Vice President (print): _____

Vice President Signature: _____ Date: _____

Human Resources (print): _____

Human Resources Signature: _____ Date: _____

Internal Use Only:

ID Collected: (Date) _____ (HR Initials): _____

Keys Collected: (Date) _____ (HR Initials): _____

P-Card Collected: (Date) _____ (HR Initials): _____

Travel Card Collected: (Date) _____ (HR Initials): _____

Budget Notification: (Date) _____