

NOTICE OF EMPLOYEE SEPARATION

Supervisor to initiate, complete, and submit to Human Resources

Employee Name: _____ **Y #:** _____

List all positions to be affected:

Position Number, Department & Title: _____ FT PT ADJ ST Last Day worked: _____

Position Number, Department & Title: _____ FT PT ADJ ST Last Day worked: _____

Check Reason and Attach Relevant Documentation (i.e. Letter of Resignation):

Resignation – Voluntary

Termination - Involuntary

Notes:

- Retirement – <15 yrs or >15 yrs
- End of Temporary Assignment (PT/FT/SW)
- Inactive
- Death
- Return to School
- Family Reasons or Relocate
- Job Related Hours/Work/Conditions
- Health Reasons
- Found New Job

- Dismissal
- Non-Renewal of Contract
- Reduction in Force (Layoff)
- Violated Rules/Policies
- Unsatisfactory Performance
- Absenteeism/Tardiness
- Job Abandonment
- Other (Specify)

Check ALL items supervisor/employee must address prior to last working day (Leave blank if “N/A”):

- Onecard (ID) Purchasing Card Dismissal YC Library Keys Employee Computer Loan/Tuition Loan
- Travel/Cash Advance Computer Access/Email Phone Number/Access Code Employee’s Final Timesheet 25Live
- Campus Security Computer Equipment (Specify) PAF Appointing New Timesheet Approver Other: _____

Employee Forwarding Address: _____

EMPLOYEE SIGNATURE (if available): _____ DATE: _____

SUPERVISOR PRINT: _____ SIGNATURE _____ DATE: _____

AS APPLICABLE TO STATUS:

For Human Resources/Student Employment Use

HR Initial: _____ HR/Benefits Initial: _____ Student Employment Initial: _____

Date: _____ Date: _____ Date: _____

Separation Effective Date: _____ Insurance Coverage Ends Date: _____ Eligible for Retirement: YES NO

PEAESCH PDABCOV Notified Summit

Human Resources Signature _____ DATE: _____