**EMPLOYMENT SEPARATION FORM**

***All fields are required to be completed to initiate this transaction.*** *This form is to be used to notify HR and other key departments of the coming separation of an employee. It should be completed immediately upon knowing that an employee will be leaving.*

EMPLOYEE ID #

EMPLOYEE NAME

CLASSIFICATION  FACULTY  STAFF  OTHER

DEPARTMENT  PERSON POSITION

LAST DAY OF WORK \* LAST DAY OF EMPLOYMENT

REASON FOR SEPARATION (CHECK ALL THAT APPLY)

VOLUNTARY

RETIREMENT  VOLUNTARY SEVERANCE  PERSONAL REASONS  NEW JOB

RELOCATION  JOB DISSATISFACTION  RETURN TO SCHOOL  HEALTH

OTHER

INVOLUNTARY

PERFORMANCE  POLICY VIOLATION  WILLFUL MISCONDUCT

RESIGNED IN LIEU OF TERMINATION  REORGANIZATION  LAYOFF

OTHER   EXHAUSTED LEAVE ELIGIBILITY

WITS ACCESS DISCONTINUATION INSTRUCTIONS

Describe how computer access should be discontinued, including email, database access, email groups, other. Consult with WITS or HR if uncertain about protocols. Include instructions for file transfer and retention.

SPECIAL INSTRUCTIONS FOR FINAL PAY

PERSON SUBMITTING  EMAIL ADDRESS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

\*If date changes, notify HR and Payroll immediately!