

**Employee Separation Form**

This form is used when employees separate from the organization.  
 Please reference the Personnel Notification Form (PCN) for changes within the organization.

**Employee Information**

Last Name, First Name	Employee File/ID #	Current Department #

<input type="checkbox"/> Full-time Salary <input type="checkbox"/> Part-time (Non-Student) <input type="checkbox"/> Student	<input type="checkbox"/> Full-time Hourly <input type="checkbox"/> Part-time (Non-student Seasonal)* <input type="checkbox"/> Student (Temporary)**
<small>*Part-time (non-student seasonal) employees are typically hired to support rush and require HR Director approval upon hire.          **Student (temporary) employees are students who have graduated and are classified as "temporary" for the duration of the 6 month grace period.</small>	

**Separation Details**

Effective Date (Last day schedule to work)	
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Reason for separation (please mark the appropriate box and attach the details required).

**Resignation**

- Verbal Resignation – please summarize details of the conversation (what was the reason they gave you for leaving, when did they tell you they were leaving (day/time), etc.)
- Written Resignation – please attach written resignation documentation received (formal letter or email received). If employee sends you a text message, please attach the text message and provide details required under verbal resignation.
- Voluntary Quit - 3 consecutive days of scheduled "no call, no shows"- please attach background documentation
- Retirement– please attach copies of written retirement notification

**Layoff**

- Seasonal/temporary position is ending

**Other Terminations**

- Dismissal/Discharge- requires HR Director approval prior to termination

**Rehire documentation**

- Would you rehire this employee?     Yes     No
- If "No", is there a write-up documented in their personnel file?     NA     No     Yes

**Remarks (Background detail required. Please attach additional documentation as needed).**

I understand and certify that the foregoing personnel data is accurate and correct for this separation request as specified.

Manager's Signature:		Date:	
HR Director's Signature:		Date:	
<b>Human Resources Representative to Complete Below this Line</b>			
Does employee have a parking permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Requires Benefits Notification?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
School/Staff ID#			
Payroll:	Entered by:	Date:	