



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 ADP File #	Current Department #

- Full-Time Salary Part-Time Temporary **
 Full-Time Hourly Student
 Part-Time Regular

***Part-Time Temporary employees are students who have graduated and are classified as "temporary" for the duration of the 6 month grace period.*

Separation Details

Effective Date (Last day scheduled to work)	
Reason for separation (please mark the appropriate box and attach the details required. All separation documentation for Verbal and Written resignations should have employee name, date, and reason why they are ending their employment with the company).	
Resignation <input type="checkbox"/> Verbal Resignation – please provide written documentation that describes when, how, and to whom this verbal resignation was given. <input type="checkbox"/> Written Resignation – please attach written resignation documentation received.	
Layoff <input type="checkbox"/> 6-Month temporary position is ending	
Other <input type="checkbox"/> Employment Eligibility Expired <input type="checkbox"/> Dismissal/Discharge- requires HR Director approval prior to termination <input type="checkbox"/> 3 consecutive days no call no show <input type="checkbox"/> Retirement – please attach copies of written retirement notification	

Rehire documentation			
• Would you rehire this employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• If "No", is there a write-up documented in their personnel file?	<input type="checkbox"/> NA	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Remarks (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:	
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Human Resources Representative to Complete Below this Line

School/Staff ID #	
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Received By HR Representative:		Date Received:	
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PCN processed in ADP by:		Date Completed:	
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