



SEPARATION Personnel Action Form

| | |
|--|------|
| Prepared by: | |
| Date: | Ext: |
| <input type="checkbox"/> Weekly Payroll <input type="checkbox"/> Semi-Monthly Payroll | |

| | | | |
|------------------|--|---------------------------|--|
| Effective Date*: | | Employee ID#: | |
| | | (Service Center assigned) | |

*NOTE: Separation date should be the last day physically at work.

| | | | |
|---|--|-------------|--|
| Name: | | | |
| (Last, First, MI) | | | |
| Permanent Address: (NRA-Foreign Address) | | Country: | |
| Local Address: | | | |
| City, State & Zip: | | Work Phone: | |

| JOB INFORMATION: | | | |
|------------------|--|-------------|--|
| Title: | | Supervisor: | |
| Div/School: | | Department: | |

| TERMINATION: <i>Check Appropriate Reason:</i> | | |
|---|--|---|
| Involuntary <i>* HR approval required</i> | Voluntary | Reduction in Force |
| <input type="checkbox"/> Job abandonment * <input type="checkbox"/> Job protection expired * <input type="checkbox"/> Not legally eligible to work * <input type="checkbox"/> Other * <input type="checkbox"/> Retirement <input type="checkbox"/> Death | <input type="checkbox"/> Accepted other employment <input type="checkbox"/> Relocation <input type="checkbox"/> Resignation <input type="checkbox"/> Returned to school <input type="checkbox"/> Other | <input type="checkbox"/> Expiration of grant fund <input type="checkbox"/> Reorganization <input type="checkbox"/> Contract Expiration/End of Limited Appointment |
| For <i>Temporary Staff</i> Only: | | <input type="checkbox"/> Check here for end of <i>Temporary Employment</i> and sign below |

| ACCOUNT INFORMATION: | | |
|----------------------|------------|---------|
| DeptID | Proj/Grant | Percent |
| | | % |
| | | % |
| | | % |
| | | % |
| Total: | | 100% |

| FINAL COMPENSATION | | |
|--------------------|--|-------|
| Severance Owed | | WEEKS |
| | | |
| Vacation Owed: | | HOURS |

REMARKS:

| | |
|----------------------------|------|
| Department Head/Supervisor | Date |
| Budget Center Director | Date |

| | |
|--|------|
| Faculty Affairs Officer (For Faculty Only) | Date |
| Human Resources | Date |