

SEPARATION FORM

For Full and Part-Time Employees



- Part-Time Employee
 Full-Time Employee

Please check one: <input type="checkbox"/> Terminate Assignment <input type="checkbox"/> Terminate Employee					
Separation Date:		Banner ID:			
Last Name:		First Name:		MI:	
Department Name:			Last Day Worked		
Banner Index & Account:		Would you rehire:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separation Reason (required)	Cancel Assignment	Continue School	Death	Early Retirement	Health Reasons
	Involuntary	LTD Medical Only	Move	Other Employment	Personal
	Reduction in Force	Retirement	End of Assignment		
Approval	Date	Signature	Print Name		
Budget Center Manager					
For HR/Payroll Use Only					
Separation Reason					
Human Resources		Last Day Worked		Separation Date	
Budget Office	Position Number		Payroll Office		

The employee should complete an Employee Checkout form.

If access for the individual or for the department is needed beyond separation date, please list the specific accommodations below:

<hr/> <hr/> <hr/>
<p>Extended access will be terminated on : _____ (Date is required)</p>