

SEPARATION FORM

For Full and Part-Time Employees



- Part-Time Employee
 Full-Time Employee

Please check one: <input type="checkbox"/> End Assignment Only <input type="checkbox"/> Terminate Employee			
Banner ID:		Department:	
Last Name:		First Name:	MI:
Separation Date:		Last Day Worked:	
Banner Index & Account:			
Separation Reason (required)	<input type="checkbox"/> Cancel Assignment	<input type="checkbox"/> Continue School	<input type="checkbox"/> Death
	<input type="checkbox"/> Involuntary	<input type="checkbox"/> LTD Medical Only	<input type="checkbox"/> Move
	<input type="checkbox"/> Reduction in Force	<input type="checkbox"/> Retirement	<input type="checkbox"/> End of Assignment
<input type="checkbox"/> Early Retirement	<input type="checkbox"/> Health Reasons	<input type="checkbox"/> Other Employment	<input type="checkbox"/> Personal (Resignation)
Approval	Date	Signature	Print Name
Budget Center Manager			
For HR/Payroll Use Only			
Separation Reason			
Human Resources		Last Day Worked	Separation Date
Position:			Payroll Office
Budget 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:

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