

NOTICE OF SEPARATION FORM

NOTE: Please notify Office of Human Resources , in advance of employee's last day worked if possible, otherwise no later than 24 hours of employee's last day worked. Please attach a copy of the resignation or retirement notice if applicable.

TO: Office of Human Resources

FROM: _____
Department

DATE: _____

Employee Name _____

Social Security Number _____

Title of Position: _____

Regular _____ **Contingent** _____ Effective Date: _____

Reason: 1. Resigned _____ 3. Contract not renewed _____ 5. Other _____
 2. Terminated _____ 4. Retired _____

NOTE: If reason is #1,2,3, or 5, please explain _____

Signed: _____
Department Head/Director

NOTE: Please encourage employees to contact Human Resources to schedule an exit interview and to obtain information regarding their paid leave, health insurance, retirement accounts etc.