

## Employee Separation Form

(To be completed by the supervisor)

Organization Code (Formerly Department #) \_\_\_\_\_ Today's Date \_\_\_\_\_

Employee's Name (Last, First) \_\_\_\_\_ CWID # \_\_\_\_\_

Job Title \_\_\_\_\_ Position # \_\_\_\_\_

Department \_\_\_\_\_

Campus

Employee Type  Admin\Staff  Faculty  Graduate Assistant

Status  Full-Time  Part-Time  Temporary

Last Day Worked \_\_\_\_\_ mm/dd/yy

The separation date is the last day of active work. Holidays, vacation and personal days cannot be used as part of or as the separation date.

Separation Reason\*

\* Letter of Resignation and/or Relevant Documentation must be attached

Would you rehire?  Yes  No

### For Admin/Staff Only:

\*Final Timesheet must be submitted to receive eligible accrued time payout

\_\_\_\_\_  
Supervisor/Chair Signature

\_\_\_\_\_  
Department Head/Dean Signature

**Note:** If a replacement is needed, please be advised that a PeopleAdmin posting request must be submitted and approved. Please contact Human Resources for further assistance.

### For Human Resources Use Only

Graduate Tax  Yes  No

\_\_\_\_\_  
HR Signature

\_\_\_\_\_  
Payroll Signature