

EMPLOYEE SEPARATION REPORT

ASSOCIATION FOUNDATION AG FOUNDATION PROGRAMS FOR CHILDREN

 Last Name First Name M.I. Project or Department Name Job Title

 Pay Rate Hire Date Last Day Worked Separation Date Social Security Number

REASON FOR SEPARATION (PLEASE CHECK ONE):

Leave of Absence:

- Leave of Absence, Unpaid
 Explain: _____
- Leave of Absence, Paid
 Explain: _____

Resignation:

- Quit With Notice
 - Graduate
 - Another Job
 - Other _____
- Quit Without Notice
- Retirement
- Other (explain)

Laid Off:

- Laid Off – Lack of Work or Budget Cut
- Laid Off – End of Semester

Suspension:

- Suspension with pay (explain)
 Return to work date: _____
- Suspension without pay (explain)
 Return to work date: _____

Termination:

- Did Not Reapply for Current Semester
- Grant or Project Ended/Lack of funds
- Worked Maximum Hours (960)
- Temporary Position Ended
- Lack of Work
- Rules Violation (explain)
- Excessive Absences/Tardiness (explain)
- No Call/No Show (voluntary termination)
- Other (explain)

All unemployment claims received in departments must be submitted with this completed form to Human Resources. Mail Stop OF33

LIST FURTHER EXPLANATION OF SEPARATION IF NEEDED BELOW: _____ _____ _____ _____ _____ _____ _____ _____	CHECK IF EMPLOYEE WAS IN THE FOLLOWING CATEGORY: <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME - BENEFITED <input type="checkbox"/> STUDENT _____ SUPERVISOR SIGNATURE _____ DATE
ELIGIBLE FOR REHIRE YES NO	

NOTE: IF VOLUNTARY SEPARATION, EMPLOYEE SHALL PROVIDE REASON AND SIGN BELOW. A WRITTEN RESIGNATION LETTER MAY BE ATTACHED.

EMPLOYEE SIGNATURE _____

_____ DATE

EMPLOYEE RESIGNED BY PHONE TO: _____

_____ DATE

Date Separated in JDE: _____

HR REVIEW: DATE _____ INITIALS _____

PR PROCESSED: DATE _____ INITIALS _____