



# SEPARATION FORM

Please complete this form and forward (e-mail is acceptable) to **University Corporation** Human Resources (Ryan Ranch) immediately. **In order to have final paycheck ready on your last day of employment, please make sure that web-based timesheet/leave usage forms are complete & approved by Supervisor.**

SECTION I – TO BE COMPLETED BY EMPLOYEE		
1. Employee's Legal Name:	2. Otter ID:	
3. Last day worked/paid:	4. Forwarding Email:	
5. Forwarding Address:	6. Forwarding Telephone #:	
7. Reason(s) for Leaving:	8. Employment Status: <input type="checkbox"/> Benefited <input type="checkbox"/> Temporary <input type="checkbox"/> Student Assistant <input type="checkbox"/> 3 <sup>rd</sup> Party Contractor	
9. Additional Comments (Optional):		
10. Final Check Disbursement: <input type="checkbox"/> pick up in payroll (Ryan Ranch) last day worked following email notification. <input type="checkbox"/> mail to address on file last day worked. (Please Initial) _____		
11. Employee's Signature:	12. Date:	
SECTION II – TO BE COMPLETED BY SUPERVISOR		
1. <i>Voluntary Separation:</i> <input type="checkbox"/> Resigned (no reason) <input type="checkbox"/> Moved <input type="checkbox"/> New Job <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	<i>Involuntary Separation:</i> <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff/Lack of Work/Reduction in Force <input type="checkbox"/> Grant Ended <input type="checkbox"/> On Call/Per Diem Employee <input type="checkbox"/> Reasonable Assurance ( <b>attach letter</b> ) (30 days before separation) <input type="checkbox"/> Dept closed for break – will rehire <input type="checkbox"/> Student returning to work following break	
2. Supervisor's Signature Accepting Resignation/Separation:		
3. Supervisor's Name:	4. Supervisor's Extension:	5. Department:
SECTION III – TO BE COMPLETED BY UNIVERSITY CORPORATION HUMAN RESOURCES		
1. HR Representative:	2. Date Received:	3. Date Clearance Process Initiated:
4. <i>For Benefited employees:</i> <i>For HR:</i> <b>ALL SEPARATIONS:</b> <input type="checkbox"/> <b>Inactivate Target Solutions</b> <input type="checkbox"/> HIPP notice to employee <input type="checkbox"/> COBRA Notification Letter (Mailed to Household) <input type="checkbox"/> Information Release Form <input type="checkbox"/> I-9 <input type="checkbox"/> Life Insurance Conversion <input type="checkbox"/> ADP-Continued Self-Service. Memo <input type="checkbox"/> CMS <input type="checkbox"/> TIAA-CREF separation <input type="checkbox"/> Exit Interview <input type="checkbox"/> CLEARANCE Checklist <input type="checkbox"/> <i>For Your Benefit – California's Programs for the Unemployed</i> Completed by: _____ Date: _____		
<i>For Payroll:</i> <input type="checkbox"/> Medical Deduction <input type="checkbox"/> AFLAC Payment <input type="checkbox"/> VitaFlex Payment <input type="checkbox"/> Vacation Payout <input type="checkbox"/> Parking &/or Gym Fees <input type="checkbox"/> Retirement Contribution Completed by: _____ Date: _____		