Voluntary Resignation/Separation Checklist
Verification Form
To be completed by HR Consultant

This form is to certify that all responsible parties have completed and submitted relative to their assigned sections of the Voluntary Resignation/Separation Checklist. The HR Consultant should complete the following and ensure form is uploaded into AppXtender (Personnel File: PED-TERM).

Employee Name:	Access ID:
School/College/Division:	Position Title:
Reason for Separation:	Separation Date:

Direct Supervisor Name: Access ID:
Voluntary Resignation/Separation Checklist Completed: YES ☐ NO ☐
Date Completed:

Business Affairs Officer Name: Access ID:
Voluntary Resignation/Separation Checklist Completed: YES ☐ NO ☐
Date Completed:

Human Resource Consultant Name: Access ID:
Voluntary Resignation/Separation Checklist Completed: YES ☐ NO ☐
Date Completed:

Comments:

HR Consultant Date