



Employment Separation Form

Employee Name: _____

Employee SS#: _____

Department Name: _____

Date Employment Will End: _____

☐ Faculty

☐ Job Ended

☐ Administrative Staff

☐ Resignation

☐ Support Staff

☐ Terminated

☐ Adjunct Faculty

☐ Part-time Faculty

Employee has taken _____ personal days and/or _____ vacation days.

Department/Unit Supervisor: _____
(Signature) (Date)

Human Resources _____
(Signature) (Date)

For Office Use Only

Human Resources:

Benefits: _____

Exit Interview: _____

Payroll Office:

Data Entry: _____

Complete: _____