



### NOTICE OF SEPARATION

CORPORATE     AGENCY     CONTRACTS & GRANTS

**Section I – COMPLETED BY DEPARTMENT OFFICE** - Department Administrators are responsible for ensuring that a Notice of Separation is properly prepared for each separating employee. After completion, return to UAS-Human Resources, Golden Eagle, Room 310.

Last Name, First Name, Middle Initial		Last four digits of SS#	
Home Address (City, State, Zip)		Home phone (area code & number)	
Department	Job Title/Classification	<input type="checkbox"/> Staff <input type="checkbox"/> Student	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Last Day Physically Worked	Separation Date	Prepared by: Extension:	

Account	Fund	Organization	Program	Project ID

REASON FOR LEAVING CAL STATE L.A. University Auxiliary Services: **Enter most appropriate code**

1- INVL; Mutual Consent	F- Career Opportunity	O- Death	
2- INVL; Unsatisfactory Performance	G- End Temporary Employment	P- Personal Reasons	
3- INVL; Violated Rules	H- Health Reasons	Q- Contract Termed	
4- INVL; Eliminated Position	I- Family Reasons	R- Transfer to 9QK	
A- VOL; Job related pay	J- Job Abandonment	S- To student stipend	
B- VOL; Job related hours	K- No Return from Leave	T- Transfer to DQY	
C- VOL; Job related work	L- Layoff	U- Unknown	
D- VOL; Job conditions	M- Retired		
E- Took another job	N- Return to School		

**THE DEPARTMENT ATTENDANCE CLERK MUST ATTACH THE FINAL TIMESHEET USED IN THE PAY PERIOD OF SEPARATION.**

I CERTIFY THAT THE ABOVE EMPLOYEE HAS RETURNED ALL KEYS, PARKING DECALS AND ANY OTHER PROPERTY BELONGING TO THE UNIVERSITY. Initiating supervisor/Dean/director/fiscal officer (Please print name and sign)	Date
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**Section II – COMPLETED BY SEPARATING EMPLOYEE** - In order to ensure that necessary procedures have been completed submit this form to UAS-Human Resources Management, Golden Eagle, Room 310, on or before your last day of employment.

<b>EXIT INTERVIEW CONDUCTED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MY FINAL PAYCHECK(S) DUE, SHOULD:</b> <input type="checkbox"/> Be mailed to the above address <input type="checkbox"/> Be held for me to pick-up
Employee Signature	Date

**Section III – COMPLETED BY HUMAN RESOURCES DEPARTMENT** – Place a check mark for each completed

**Used For All Employees**

I.D. card returned and attached

Separation form has necessary signatures

Information Technology Services Notified (Computer Accounts And Authorization Codes canceled)

Final timesheet attached

**Used For Benefited Employees Only**

Parking deduction cancellation

Provided cobra information

Provided benefit letter, notice of group life conversion, cert. of health coverage, care/HIPP notice, benefit info EDD pamphlet

Exit interview form,

Name of HR Staff Processing This Form	Date
UAS Human Resources Director signature	Date