



Employee Separation Form

To facilitate your final pay warrant including any lump sum vacation payout, please complete section I and have your supervisor complete section II of this form and forward it (along with any letter of resignation) to:

Human Resources/Faculty Affairs, MSR340
Fax to: Staff/Management: 664-7182; Faculty: 664-6536

For advice and/or additional information regarding the separation/clearance process, please call ext. 3392

SECTION I – TO BE COMPLETED BY EMPLOYEE		
Employee Name:	Employee Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Management	CMS ID:
*Separation from Employment Date	Last Day Physically Worked:	*If retiring, please indicate your retirement date:
Forwarding Address:		Forwarding Phone:
Reason(s) for Leaving: (Please use a separate page, if necessary)		
* If separation is due to retirement, you must initiate the CalPERS retirement application process.		
Optional: Contact HR Benefits to schedule a retirement advising session Staff/Management: ext. 6921; Faculty: ext. 6730		
Additional Comments (optional):		
Employee Signature:		Date:
SECTION II – TO BE COMPLETED BY SUPERVISOR		
Supervisor/Administrator Name:	Department:	Extension:
Date Resignation Notice Received:	Date Electronic Clearance Process Initiated:	
Signature Accepting Resignation:		
SECTION II – TO BE COMPLETED BY HUMAN RESOURCES/FACULTY AFFAIRS		
HR/FA Representative:		Date Received:
Additional Comments:		