

**COMPLETE FORM and SUBMIT TO HR UPON RECEIPT OF RESIGNATION NOTICE FROM EMPLOYEE**

EMPLOYEE NAME:	EFFECTIVE SEPARATION DATE:	LAST DATE WORKED:
EMPLOYEE PID:	SEPARATION TYPE:	
POSITION NUMBER:	State Agency Transfer	Resignation      Retirement      Other
DEPARTMENT:	Agency Name, if Agency Transfer:	
BUILDING:	SEPARATION REASON:	
OFFICE ROOM #:		
FORWARDING ADDRESS:		

**EMPLOYEE TYPE**

Permanent EHRA	Permanent SHRA	Permanent time limited EHRA
Temporary EHRA	Temporary SHRA	Permanent time limited SHRA

**RESIGNATION INFORMATION**

Resignation letter attached? YES      NO  
*(Not required for temporary employees or student assistants)*

*If no, please explain:*

**MCD AND TIM/SUPERVISOR DUTIES**

Does the employee receive MCD payments? YES      NO  
 Is the employee a Supervisor/TIM Approver? YES      NO

*If yes, Supervisory/TIM Approver duties will be transferred to:*

**MANAGER CHECKLIST FOR EMPLOYEE SEPARATION:**

**MANAGER/SUPERVISOR** - Please use this checklist as a guide when an employee separates employment for any reason (i.e., resignation, termination, agency transfer, or retirement). Completion of the checklist in a timely manner will ensure proper removal from payroll and other pertinent employment systems.

Be sure to approve the employee's final timesheet or leave report in TIM. **COMPLETED**

For SHRA employees transferring within State government, a Performance Appraisal must be conducted and summary performance rating given for current work plan. **COMPLETED**

Verify there is no outstanding travel advance and/or credit card balances. **COMPLETED**

Collect cell phone, pager, laptop, memory sticks, keys, parking permit, or other University property. **COMPLETED**

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date