

Supervisors should complete form and submit to System Office HR upon receipt of employee's resignation.

I. EMPLOYEE INFORMATION			
Employee Name:		Employee PID:	
Position Number:		Last Date Worked:	
Division/Dept:		Working Title:	
Employee Type:	<input type="checkbox"/> Permanent EHRA	<input type="checkbox"/> Permanent SHRA	Email:
	<input type="checkbox"/> Temporary EHRA	<input type="checkbox"/> Temporary SHRA	Phone #:
	<input type="checkbox"/> Time-Limited EHRA	<input type="checkbox"/> Time-Limited SHRA	Office/Cubicle #:
II. SEPARATION INFORMATION			
Separation Reason:			
Separation Type:	<input type="checkbox"/> State Agency Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Other		
	Agency Name, if Agency Transfer:		
Resignation Letter Attached: <i>(not required for temporary employees or student assistants)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i>		
Forwarding Address:			
III. MCD and TIM/SUPERVISOR DUTIES			
Does the employee receive MCD payments:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the employee a supervisor/TIM approver:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If yes, who will supervisory/TIM approver duties be transferred to:</i>		
IV. SUPERVISOR SIGNATURE			
Supervisor Name:			
Supervisor Signature:		Date:	