

# Employee Separation Form

The University Corporation – California State University, Northridge  
University Corporation 18111 Nordhoff Street, Northridge, CA 91330-8309

Date form submitted \_\_\_\_\_

Employee Name \_\_\_\_\_

Job Title: \_\_\_\_\_

Home Department: \_\_\_\_\_

Project Number/Agency Account: \_\_\_\_\_

Last Day Employee worked \_\_\_\_\_

## REASON FOR SEPARATION:

- End of temporary appointment- Student or Emergency Hire
- Grant ended
- Resignation- Written - *Please attach letter from employee*
- Other - Please explain reason
- Involuntary Separation/Termination (check one)\*

*\*Must be approved by TUC HR before initiating separation based on these reasons*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Theft           | <input type="checkbox"/> Tardiness        | <input type="checkbox"/> Performance      |
| <input type="checkbox"/> Job Abandonment | <input type="checkbox"/> Policy Violation | <input type="checkbox"/> Reduction/Layoff |
|  |   | <input type="checkbox"/> Other            |

## FINAL PAY- DIRECT DEPOSIT OR MAIL

Please direct deposit my final check at next payroll \_\_\_\_\_  
Signature of Employee

Or  Please mail - Address (if changed) \_\_\_\_\_  
Number & Street City/State/Zip

**MANAGER/SUPERVISOR-** Please collect all CSU or TUC property from employee before last day of work.  
Return CSUN ID (if applicable) to TUCHR.

## SIGNATURES

Employee name (print): _____	Employee Signature: _____	Date: _____
Supervisor name (print): _____	Supervisor Signature: _____	Date: _____
TUC HR name (print): _____	TUC HR Signature: _____	Date: _____

### FOR TUC HR USE ONLY- Special Instructions from HR to Payroll

Benefitted Employee  Yes  No  Did not work 11 days, coverage ends this month  Worked more than 11 days, coverage ends next month

SECOND APPOINTMENT  Yes  No COBRA Notification  Yes  No When notified: \_\_\_\_\_ Retirement Term  Yes  No

### FOR PAYROLL USE ONLY: