

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*

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

<i>Employee name (print):</i> _____	<i>Employee Signature:</i> _____	<i>Date:</i> _____
<i>Supervisor name (print):</i> _____	<i>Supervisor Signature:</i> _____	<i>Date:</i> _____
<i>TUC HR name (print):</i> _____	<i>TUC HR Signature:</i> _____	<i>Date:</i> _____

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 COBRA Notification Yes No When notified: _____ Retirement Term Yes No

FOR PAYROLL USE ONLY: