Faculty and Staff Separation/Clearance
Designee Election Form

A. COMPLETED BY DEPARTMENT OFFICE:

Department Name: ________________________________________________________ Mail Code: ________

Designee’s Signature: ________________________ Print Name: ____________________ CSUN ID: __________

Designee’s Signature: ________________________ Print Name: ____________________ CSUN ID: __________

B. DEPARTMENT CERTIFICATION & APPROVAL:

Dean, Director, or Dept. Chair Signature: _________________________________ Date: _____________

Print Name: _______________________________ Extension: ______________________

Please send original to Human Resources, Benefits Department, Mail Code 8229