

Associated Students, California State University, Northridge, Inc.
Staff & Student Separation Form

Employee Status : Staff [] Student []		Date:	Revised: 5.23.17	
A	COMPLETED BY DEPARTMENT OFFICE - The Department Manager/Supervisor is responsible for ensuring that the Separation/Clearance process is properly completed for each separating employee. Return the completed form to the Associated Students Human Resources department.			
	Employee's (Last name):	Employee's (First Name)	Middle Initial	
Last Day physically worked:		First Day Of Retirement Status: (If Applicable)		
Department Name:		Separation Reason: Graduated [] Terminated [] Voluntary Resignation [] Involuntary Resignation [] Retirement []	Eligible for rehire: Yes [] No []	
HR Use Only- HRMS Separation Date: ____/____/____				
B	EMPLOYEE CLEARANCE – Manager/Supervisor is responsible for clearing employees of all outstanding obligations within the department. Additional items which may require record keeping and any additional items should be listed below.			
	Returned Office Belongings:	Choose One	A.S. Equipment Returned:	Choose One:
<input type="checkbox"/> Office Keys <input type="checkbox"/> Key Cards <input type="checkbox"/> Locks <input type="checkbox"/> Corporate Credit Card Other:	Returned Lost Returned Lost Returned Lost Returned Lost	<input type="checkbox"/> Computers <input type="checkbox"/> Tablets	Returned Lost Returned Lost	
Cancellation of Computer Technologies:			Cancellation of Signature Authority (Accounting Department):	
Email sent: ____/____/____		Steve De Luca: steve.deluca@csun.edu		
*C	Include Employee Mailing Address – For payroll and Information pertaining to your Tax Statement (Form W-2) and any final warrants to be paid out:			
	(Number, Street, Apt. No.)		(City)	(State)
<i>I certify that I have returned all Associated Students property and have paid all debts. I hereby tender my resignation from Associated Students, California State University Northridge, Inc. This resignation is executed by me freely and of my own free will, and is not given by reason of any threat, force, duress, or any undue influence by any person or persons.</i>				
Employee Signature _____				
D	DEPARTMENT APPROVAL – Manager/Supervisor signature required.			
	Department Manager/ Supervisor Signature	Print Name	Ext:	Date:
Comments				
FOR HUMAN RESOURCES & PAYROLL USE ONLY				
Forms Issued:		Separation Checklist:		
<input type="checkbox"/>	COBRA Form and Information	<input type="checkbox"/>	Final Check was provided ____/____/____	
<input type="checkbox"/>	EDD	<input type="checkbox"/>	If applicable, Total number of vacation hours to be paid.	
<input type="checkbox"/>	Life Insurance	<input type="checkbox"/>		
I verify that that the separation form is complete and includes all the necessary authorizations.				
Human Resources Signature: _____ Date: _____				