



SEPARATION

Department

O- _____

If not typed, use black or blue ink. White paper only.

Prepared By _____	Phone _____	Date _____
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Deadlines for completed original to Human Resources:
Monthly paid employees – 10th of the month or immediately after separation.
Biweekly paid employees – at least two business days prior to separation.

Within 30 days of an employee's date of separation, he/she may opt to continue existing health insurance coverage. Please refer the employee to the Benefits Office for more information.

Biweekly **Monthly** **Faculty** **Position #** _____

Prefix	First Name	Middle I	Last Name	Suffix	MaineStreet ID #

Action Reason		
<input type="checkbox"/> Resignation* <input type="checkbox"/> Funding Cessation (UMPSA Soft Money) <input type="checkbox"/> End of Fixed Length Appointment <input type="checkbox"/> Non Reappointment <input type="checkbox"/> Did Not Return From Leave *Please include letter of intent **Please attach application for Early/Voluntary Retirement	<input type="checkbox"/> Discharge <input type="checkbox"/> Retirement**/** <input type="checkbox"/> Layoff <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Other (please explain in Comments section)	Comments: _____ _____ _____

Leave Pay/Accrued Salary Owed (If Applicable)
<p>To avoid overpaying the employee, the supervisor should review and approve, as appropriate, the employee's reported time.</p> <p>Vacation hours owed: _____ Comp hours owed: _____</p> <p>Number of Months of Accrued Salary Owed: _____</p>

Have the following University issued items been returned by the employee/cancelled by the supervisor?

Item	Please Check One For Each Item			
	Yes	No	N/A	If "no", please explain
Department Keys/Security Pass/Building Access				
Telephone Credit Card/Long Distance Code				
Department Equipment, Books & Manuals, etc.*				
University ID Card(s)/Badges (if required)				
Cell Phone				
Purchasing/Departmental Credit Card				
Computer Passwords (as appropriate)				
MaineStreet Security				

* Department equipment includes any items or services purchased or reimbursed from University monies, regardless of funding source.

_____ Initiating Administrator Date	_____ Recommended Date
_____ Recommended Date	_____ Equal Opportunity (separation due to lack of funding/layoff) Date
_____ Recommended Date	_____ Approved Date

HR Use Only
Layoff Severance Pay Owed (If applicable): _____ Recall List Eligibility: _____
Schedule for Payment: _____ _____