

EMPLOYEE INFORMATION

Name

Home Address

Street

City

State

Zip

Telephone: _____
Home

Work

Employee Type: Student Faculty Staff

Date Form Completed: _____

SS Number: _____

Account Number _____ Object Code _____

Work Location _____

Department _____

SEPARATION INFORMATION

Please select separation type from the following options:

- Resignation (Attach letter of resignation)
- Retirement (Attach retirement papers)
- Temporary Employment
- Lay-off (Discuss with Foundation CFO - attach explanation)
- FDismissal (Discuss with Foundation CFO - attach explanation)
- Job abandonment

LEAVES

*Personal leave of absence is not valid and is not approved until so indicated in writing on this form by Foundation CFO

- Maternity
- Military
- Personal*
- Other

Beginning Date

Return Date

Is this leave voluntary? Yes No (If no, attach explanation)

APPROVALS

Supervisor

Date

Project Director

Date

Director of Human Resources and Payroll

Date

Grant Administrator

Date

Chief Operating Officer and
Chief Financial Officer

Date