

EMPLOYEE SEPARATION FORM

Last Name	First Name	MI
Street Address	City	State Zip
Date of Hire	Date of Separation	
Job Title	Department	

REASONS FOR SEPARATION:

Resignation

Retirement

Termination

Other_____

Comments:

EMPLOYEE SEPARATION

This form must be completed and returned to Human Resources prior to the release of your final check. All college property must be returned to the respective departments and verified by the Supervisor.

Employee Name: _____ Department: _____

CONTACT	ITEM	SIGNATURE	DATE
Human Resources	Begin Separation Processing	<i>Debra Hannibal</i>	
Employee Supervisor	<ul style="list-style-type: none"> • Resignation Letter • Departmental Keys (if any) • Computer Software and/or Equipment • ADP Timecard Completed through date of separation • Faculty Only: Student Grades and Attendance Records 		
Library Circulation Desk	Books		
Information Technology	<ul style="list-style-type: none"> • Deletion of Email Acct. • Home/Office Computer Hardware/Software • Panther Alert Deactivation 		
Security	<ul style="list-style-type: none"> • ID Card • Deactivation of access to College grounds, including parking 		
Facilities	College Keys		
Human Resources	Completed Separation Form Received		
If you are changing your permanent address after separation from the college, it is imperative that you provide payroll with this new address so that tax records can be sent to you in a timely manner. This can be submitted to Payroll through ADP.		Employee Signature:	

PAY RELEASED:

BY: _____ DATE: _____