

Separation Form INTERNAL TRANSFERS

Please complete the separation form and return it to the Office of Human Resources. The completed form will be placed in your personnel file to document you have properly cleared the department you are leaving.

<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Last Name:	First Name:	Empl ID:
Separating Department:		New Department:	Date of Transfer:

Department Instructions: The employee listed above is complying with university separation procedures. Please sign and date your respective area if cleared. If not cleared, note exception in the space provided.

Primary Department All obligations to the department have been satisfied. Employee must turn in all wireless devices, laptops and cellular phones to the department. Has completed all leave requests.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Authorized Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td colspan="2">Exceptions:</td> </tr> </table>	Authorized Signature:	Date:	Exceptions:	
Authorized Signature:	Date:				
Exceptions:					
Police: B1636 Employee has returned all keys and access cards.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Authorized Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td colspan="2">Exceptions:</td> </tr> </table>	Authorized Signature:	Date:	Exceptions:	
Authorized Signature:	Date:				
Exceptions:					
Computing: B2300 Employee has returned all equipment and access has been adjusted accordingly.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Authorized Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td colspan="2">Exceptions:</td> </tr> </table>	Authorized Signature:	Date:	Exceptions:	
Authorized Signature:	Date:				
Exceptions:					

Employee Signature: _____ Date: _____

Separating Department Supervisor: _____ Date: _____

Human Resources Office use ONLY

- Finance Clearance email received
- Long Distance Services Form (if applicable)

HR Authorized Signature:	Date: