|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Separation Request | | | | | | |
| The employee’s supervisor is responsible for ensuring that a completed separation request is received in human resources prior to the employee’s separation date. Delays in receipt may cause payroll inaccuracies and non-compliance with federal, state, and university policies. For assistance please call Human Resources at 434-395-2074. | | | | | | |
| SEPARATING DEPARTMENT | | | | | | |
| Separating Employee’s Full Name: | | | | | | |
| Forwarding Address (for tax purposes): | | | | | | |
| Personal email: | A personal email will be required for the employee to access Cardinal for paystubs/W-2s after their last day. | | | | | |
| |  |  |  | | --- | --- | --- | | Separation Date: | Last Day Worked: | | | Budget Code: | | Position #: |   Job Title: | | | | | | |
| Department: | | | | | | |
| Separating employee supervisor: | | | | Extension: | | |
| Direct reports of separating employee will report to: | | | | | | |
| List of employees who reported to separating employee: | | | | | | |
|  |  | | | | | |
| Person handling separation (if different than supervisor listed above): | | | | |  |  |
| **ATTACH RESIGNATION LETTER** | |  | | | |  |
| **Indicate specific reason(s) for separation in the CHART BELOW.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | RESIGNATION | TERMINATION | TRANSFER | RETIREMENT | DEATH | | Better job opportunity  Resigned during probation  Relocating geographically  Family responsibilities  Education  Personal reasons  Health  Military  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Unsatisfactory probationary period**\***  Unsatisfactory performance**\***  Disciplinary action**\***  Layoff**\***  Completion of temporary appointment  Did not receive tenure  End of funding  Non-renewal of contract**\***  Other**\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***\*These reasons require advanced review***  ***by Human Resources.*** | VA agency  To (agency name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Service  Disability | Date: \_\_\_\_\_\_\_\_\_\_\_ | | Additional Comments: | | | | | | | | |  |
| It will be assumed that the Department recommends this employee to be considered for re-employment. If this is not the case, please check here:  NOTE: official supporting documents must be received by Human Resources in advance | | | | | | |
| Supervisor: Print Name | | | | | | |
| Supervisor Signature: | | | Date | | | |
| **HUMAN RESOURCES**  **CARDINAL**  **BANNER**  **Paperwork to Payroll/Budget**  **Paperwork VIT Scanner**  Notification email  HRIS Sign: Date: | | | | | | |