



Notice of Separation

To be completed by the Supervisor and returned to Human Resources, Rockland Campus within 5 days of the last day worked.

Employee Information (Please print)

Name: _____ Job Title: _____

Department: _____ Supervisor: _____

Last Day Worked: _____ Dedicated Phone Extension: _____

Employee Type (Select one):

Full-Time: Staff Administrative Faculty Teaching Faculty

Part-Time: Staff Adjunct Faculty Student Worker

Reason for Separation (Check all that apply)

Voluntary (Employee-initiated)

- Student worker that graduated
- To accept other work
- To get married
- Domestic responsibilities
- To leave area
- Failed to return from leave
- Return to school
- Illness
- Dissatisfaction with job
- Retirement
- Other _____

Involuntary (Employer-initiated)

- Temporary lack of work. Recall date: _____
- Indefinite/Permanent lack of work
- Repeated tardiness and absenteeism
- Inadequate performance/Incompetence
- Misconduct. Describe: _____

- Other _____

Would you rehire this employee? Yes No

If no, explain: _____

Supervisor's Signature

Date

Human Resources Use Only:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> COBRA rights/notice | <input type="checkbox"/> Remove from Commuter | <input type="checkbox"/> ID Card returned | <input type="checkbox"/> Email Advancement |
| <input type="checkbox"/> Keys returned | <input type="checkbox"/> Medical | <input type="checkbox"/> Final attendance calendar | <input type="checkbox"/> Email Aux Services |
| <input type="checkbox"/> Website listing | <input type="checkbox"/> Dental | <input type="checkbox"/> Money owed | <input type="checkbox"/> Email IT |
| <input type="checkbox"/> Notice about FSA | <input type="checkbox"/> Life/LTD | <input type="checkbox"/> Credit card | <input type="checkbox"/> Forward to Provost |