



HUMAN RESOURCES ACTION FORM

Separation or Termination from University

Clear All

| | | | | |
|-----------------------------------|--------------|-------------------------|------------|----------------|
| Employee's Last Day Worked | Today's Date | EMPLOYEE'S NAME: | | |
| | | Last Name | First Name | Middle Initial |

| | |
|------------------|-------------------|
| Job Title | Department |
|------------------|-------------------|

| | | | | |
|--|---|--------------------------|--|--|
| REQUESTED ACTION <input type="checkbox"/> | Resignation | Retiring | Termination <i>(Transferring to different Department)</i> | Termination |
| <i>Please Select</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | NOTE: Another HR Action for must be completed and remitted to Budgets if employee is moving from full-time to part-time employment. | | NOTE: Another H Action form must be completed and remitted to Budgets for this Action. | HR USE ONLY Transferred to Another USG Institution <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|-----------------------|-----------------------|-----------------------|
| EMPLOYMEN STATUS <input type="checkbox"/> | Staff | Faculty | Temporary |
| <i>Please Select</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is this person a time off approver? Yes No

Who is the new approver _____

REQUIRED SIGNATURES

Department Head Dean

Vice President/Provost

Title III (if applicable) - *Departments Must Route to Title III for Signature on all Title III Positions Before Sending to Budgets*

Budgets

Human Resources