

EMPLOYEE INFORMATION

Name (print)

Date Form Completed: _____

Telephone:

Employee ID Number: _____

Home Work

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Account Number

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Object Code

Employee Type:

Student Faculty Staff

Work Location

Department

SEPARATION INFORMATION

Effective Date: _____

Please select separation type from the following options:

- Resignation (Attach letter of resignation) Lay-off (Discuss with Toro Auxiliary Partners HR - *Documentation on file with HR*)
 Retirement (Attach retirement papers) Dismissal (Discuss with Toro Auxiliary Partners HR - *Documentation on file with HR*)
 Temporary Employment Job Abandonment

LEAVES

*Personal leave of absence is not valid and is not approved until so indicated in writing on this form by Toro Auxiliary Partners Human Resources.

- Maternity Personal
 Military Other

Beginning Date: _____ Return Date: _____

Is this leave voluntary?

Yes No (If no, attach explanation)

APPROVALS

Supervisor Signature Date

Project Director Signature Date

Authorized HR Representative Date
Signature