

# THE CITADEL NOTICE OF SEPARATION

## I. EMPLOYING DEPARTMENT

Employee Name:	Employee CWID:	Department:
Position Number:	Effective Date of Separation:*	Position Type: Permanent      Temporary
Type of Separation: <span style="color: red;">*Last day the employee physically works. Leave cannot be used after this date.</span>		
Resignation	Reduction in Force	Deceased
Retirement	Termination	End of Temporary Employment
Reason for Separation: (Please attach any documentation)		
Accept Other Employment (10)	Moving to New Location (17)	Expiration of Funding (26)
Job Dissatisfaction (11)	Abandoned Position (20)	Contract Expiration (30)
Attend School Full Time (12)	Chronic Absenteeism/Tardiness (21)	Retirement (40)
Failure to Report to Work (13)	Unsatisfactory Performance (22)	End of TERI (41)
Personal Reasons (14)	Physical or Mental Impairment (23)	Disability Retirement (42)
Long Term Disability (15)	Dismissed for Cause (24)	Death (50)
Mutually Satisfactory Release (16)	Reduction in Force/RIF (25)	Other (99)
Is the employee eligible for rehire in your dept?	Yes      No	
If you checked "No", please explain: _____		
Did the employee have supervisory responsibilities?	Yes      No	If yes, complete the following section.
Employee Name(s): _____		
Interim/New Supervisor Name: _____		
Is the employee returning as a temporary employee?	Yes      No	
If yes, what dept? _____		Return date: _____
Has this employee accepted employment with another State agency?	Yes      No	
If yes, what State agency? _____		
Will this employee continue to stay on a campus after they are separated from employment?	Yes      No	

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

## II. HUMAN RESOURCES USE

<p style="text-align: center;"><u>EMPLOYMENT</u></p> <p>Banner</p> <p>HRIS</p> <p>Personnel File</p> <p>Employment Vendor</p> <p>Date of Employment: _____</p> <p>E-mail Separation Notice</p>	<p style="text-align: center;"><u>BENEFITS</u></p> <p>Exit Interview</p> <p>Banner</p> <p>Insurance Division</p> <p>Retirement System</p> <p>Other: _____</p>
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\_\_\_\_\_  
Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature      \_\_\_\_\_  
Date