

**SEPARATION/TRANSFER NOTICE**

To prevent overpayment and facilitate timely leave payments, this form must be completed & sent to HR as soon as a separation/transfer action is known.

Employee ID Number	Employee Name Last	First	Middle Initial
Position Number	Title		
Effective Date/Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Department Name		Budget Code
Mailing Address (for tax withholding statements)	Work Schedule (If other than M-F/ 8-5)		

**Attach letter of resignation or termination to the original Separation Notice and forward to Human Resources, Box 6889.**

<b>RESIGNATION</b>	<b>RETIREMENT</b>	<b>CLASSIFIED/WAGE TERMINATION</b>
<input type="checkbox"/> Better Job	<input type="checkbox"/> Service Retirement	<input type="checkbox"/> Separation/Layoff
<input type="checkbox"/> Resigned During Probationary Period	<input type="checkbox"/> Disability Retirement	<input type="checkbox"/> Unsatisfactory Probationary Period
<input type="checkbox"/> Leaving Area		<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> Family Responsibilities	<b>TRANSFER</b>	<input type="checkbox"/> Performance Evaluation Process
<input type="checkbox"/> Education	<input type="checkbox"/> To other Virginia State Agency	
<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> To other RU Department	<b>FACULTY TERMINATIONS</b>
<input type="checkbox"/> Ill Health	Agency/Dept Name:	<input type="checkbox"/> End of temporary appointment
<input type="checkbox"/> Dissatisfied (Explain in Comments Section)	<input type="checkbox"/> To VSDP Long Term Disability	<input type="checkbox"/> Did Not Receive Tenure
<input type="checkbox"/> Military (Attach copy of official military orders)		<input type="checkbox"/> Non-Reappointment
<input type="checkbox"/> Other (Explain in Comments Section)	<input type="checkbox"/> Death	<input type="checkbox"/> Termination for Cause

**Comments:**

- Department Responsibilities:**
1. Include a valid mailing address on the **Separation Notice. Payroll uses this address for mailing W-2 Income Tax forms.**
  2. Complete the employee's last **Leave Report no later than 3 days after the separation effective date.**
  3. Return University Identification Card and Parking Permit to the **ID/Parking Office.**
  4. Obtain keys and all property/equipment belonging to the university.
  5. Return the **Travel Charge Card** to **Accounts Payable.**
  6. Return the **Small Purchase Charge Card** to **Purchasing.**
  7. Ensure essential computer files and software are transferred to the appropriate user. Ensure employee deletes personal files.
  8. Contact **Computer Services** to delete computer authorizations/access unless prior arrangements are made with Computer Services.
  9. Notify appropriate offices to **delete signature authority**, if applicable (i.e. **Purchasing, Accounting, Payroll, Telephone Services**).
  10. Notify Telephone Services to terminate business and personal telephone authorizations/codes.
  11. Direct the employee to remove any personal items from the work area, turn in any university owned property and contact any departments, i.e., Accounting Services, R.U. Express, Library to settle outstanding fines, loans, or other accounts receivable issues.
  12. Remind employee to contact **Human Resources** to schedule a separation/exit interview (831-5008).
  13. Final paycheck and any other payments due the employee will be deposited electronically. If employee does not participate in direct deposit he/she must contact the **Cashier's Office** no later than the last day of employment to arrange for other accommodations.
  14. Remind employee to submit final leave report NLT last work day.

**Final Leave Report Submitted**      **NOTE: TEACHING FACULTY Do you request contract pay out?**     Yes     No

**Comments:**

**Human Resources Use Only**

_____ <b>Annual</b>	_____
_____ <b>Sick</b>	_____
_____ <b>Compensatory</b>	_____

**PLEASE DEDUCT ALL APPLICABLE HEALTH PREMIUMS.**

- Department recommends this employee to be considered for re-employment.  
 Department does not recommend this employee for re-employment.

Departmental Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean/Director/VP Signature \_\_\_\_\_

Date \_\_\_\_\_

Sponsored Programs Signature (only if grant funded) \_\_\_\_\_

Date \_\_\_\_\_

Human Resources Signature \_\_\_\_\_

Date \_\_\_\_\_