



# THE CITADEL NOTICE OF SEPARATION

## I. EMPLOYING DEPARTMENT

Employee Name:	Employee ID (Last 4 of SSN):	Department:
Position Number:	Effective Date of Separation:	Position Type: Permanent      Temporary
Type of Separation:		
Resignation	Reduction in Force	Deceased
Retirement	Termination	End of Temporary Employment
Reason for Separation: (Please attach any documentation)		
Accept Other Employment (110)	Mutually Satisfactory Release (118)	Dismissed for Cause (237)
Job Dissatisfaction (111)	Moving to New Location (119)	Layoff (240)
Domestic Duties or Pregnancy (112)	Abandoned Position (230)	Other (242)
Attend School (113)	Inaptitude for Job (231)	Contract Expiration (350)
Failure to Report to Work (114)	Chronic Absenteeism/Tardiness (232)	Regular Retirement (460)
Personal Reasons (115)	Expired Layoff Rights (233)	Early Retirement (461)
Long Term Disability (116)	Unsatisfactory Performance (234)	Disability Retirement (470)
Resign While on Layoff (117)	Physical or Mental Impairment (235)	Death (510)
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: _____		
_____ Signature of Supervisor		_____ Date

## II. HUMAN RESOURCES USE

<u>EMPLOYMENT</u>	<u>BENEFITS</u>
HRS	Exit Interview
HRIS	HRS
Personnel File	Insurance Division
Employment Vendor	Retirement System
Date of Employment: _____	Other: _____
E-mail Separation Notice	
_____ Signature      _____ Date	_____ Signature      _____ Date

## Separation Checklist for Supervisors

ALL ITEMS MUST BE COLLECTED BY THE EMPLOYEE'S SUPERVISOR ON OR BEFORE  
THE EMPLOYEE'S LAST DAY

Employee's Name: \_\_\_\_\_ Position Number: \_\_\_\_\_

Send Original Copy to Human Resources

The following actions were completed by the employee if yes is checked or were not applicable if n/a checked:

	Yes	N/A
All outstanding expenses on charge account paid in full	_____	_____
Deleted Voice Mail	_____	_____
Deleted Internet	_____	_____

The following items were returned or accounted for:

<input type="checkbox"/> Key(s) specify: _____	_____	_____
<input type="checkbox"/> Storage locker key(s)	_____	_____
<input type="checkbox"/> Credit Cards	_____	_____
<input type="checkbox"/> Beeper	_____	_____
<input type="checkbox"/> Tools	_____	_____
<input type="checkbox"/> Computer(s)	_____	_____
<input type="checkbox"/> Company records, manuals, computer disks	_____	_____
<input type="checkbox"/> Parking Decal	_____	_____
<input type="checkbox"/> Mobile Phone	_____	_____
<input type="checkbox"/> Uniforms	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

If any item is not accounted for, please explain:

\_\_\_\_\_

\_\_\_\_\_

Location of storage units, unaccounted property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Departing Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_