***Important: Failure to submit both forms and/or incomplete forms will be returned to the department.***

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| **EMPLOYEE INFORMATION** | **Employee Name:** | | | *Last:* |  | | | *First:* |  | | | | | | *M.I.:* | |  |
| **Effective Date:** | |  | | |  | | **Division:** | | |  | | | | | | |
| **Last 4 of SSN:** | |  | | | **Employee ID:** | |  | | | | **Pay Group:** | |  | | | |
| **Need to update Mailing Address** | | | | | | *Street*: | | | | | | | | | | |
| *City:* |  | | | | | | | | *State:* | | |  | *Zip Code:* | |  | |

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| **SEPARATION INFORMATION** | **Reason:** | **Resignation** | | | **Lay Off** | | **Retirement** | | **Involuntary Termination\*** | | |
| **Leave of Absence** | | | | | **Specify:** |  | | | |
| **Other** | | | | | **Specify:** |  | | | |
| **Date Notice Given:** | |  | | | | **Date Last Worked:** | | | |  |
| **Paid Time Off owed to the Employee:** | | *Vacation Hours:* | | |  | | *Sick Hours:* | |  | |
|  | | *Other Hours:* | | |  | | *Specify:* | |  | |
| **Eligible for Rehire:** | | | **Y  N** | | | | | | | |
| **Company Property Returned:** | | | **Y  N** | | | | *Specify:* | |  | |
| **Additional Comments:** | | |  | | | | | | | |
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| **APPROVALS** |  |  |
|
| **Manager Signature** | **Date** |
|
| **Manager Print** | |