

CENTRAL STATE UNIVERSITY

Wilberforce, Ohio 45384

SEPARATION OF EMPLOYMENT

Name: _____ Effective Date: _____

Area/Organization: _____

REASON FOR LEAVING: Resignation Termination Leave of Absence Retirement

CLEARANCE:

Administration & Finance Office: _____ Date: _____

I certify by affixing my signature above that the above named employee has returned all University keys.

Controller's Office: _____ Date: _____

I certify by affixing my signature above that the above named employee has no outstanding balances owing to the university and has returned all materials. (i.e. cash management, travel office, payroll, pro-cards).

Foundation: _____ Date: _____

I certify by affixing my signature above that the above named employee has no outstanding balances or materials owed to the Foundation.

Information Technology: _____ Date: _____

I certify by affixing my signature above that the above named employee has returned all University I.T related equipment, i.e., laptop.

Library: _____ Date: _____

I certify by affixing my signature above that the above named employee has returned all University library materials.

Office of Sponsored Programs & Research: _____ Date: _____

I certify by affixing my signature above that the above named employee has submitted all reports and inventory.

Police & Safety: _____ Date: _____

I certify by affixing my signature above that the above named employee has cleared fees and assessments.

Supervisor/Organization Manager: _____ Date: _____

I certify by affixing my signature above that the above named employee has returned all University property.

HUMAN RESOURCES:

Employee's final check will not be released until the Separation of Employment form is fully executed and signed off by Human Resources.

COBRA: Accept _____ Decline _____ Initial _____ Date _____

Employee Action Form _____ Letter of Separation _____ Exit Interview _____

FORWARDING ADDRESS: _____

Human Resources Office: _____ Date: _____

I certify by affixing my signature above that the above named employee has an accrued vacation balance of _____ hours. Employee Number: _____