

EMPLOYEE SEPARATION NOTICE

Employee Name:		EKU ID Number:	
Department:		Separation Date:	
Supervisor:		Last Date Worked:	
Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Intermittent		

Complete this form to document employee separation from University employment. (*Do not* use this form for extended leave or transfer)

Check primary reason for separation and give full explanation below. For example, if separation is for "another job", indicate company name, starting date and whether leaving the area. If employee does not give notice of voluntary separation, note when and how it was determined he/she was separated and give any other relevant information.

Supervisor completes all sections of this form and obtains necessary signatures. Submit completed form to the Human Resources Office

Reason for Separation

VOLUNTARY

JOB CONNECTED

- Conflict with Co-worker(s)
- Conflict with Supervisor
- Inadequate Pay
- Transportation Problems
- Working Conditions
- Work Schedule

RETIREMENT

- Retirement

OTHER EMPLOYMENT

- Accepted Other Position
- Appointment Ended (*faculty*)
- Military
- Temporary Position Ended (*staff*)

DOMESTIC

- Care of family
- Relocation

SCHOOL

- Return to School

MISCELLANEOUS

- Job Abandonment
- Leave of Absence - Did not Return
- Refused Suitable Work
- Other (*describe below*)
- Unknown

INVOLUNTARY

ABSENCE

- Absenteeism
- Tardiness

PHYSICAL

- Disability
- Illness

MISCONDUCT

- Insubordination
- Refusal to Follow Instruction
- Unsatisfactory Performance
- Violation of Work Rules

LAYOFF

- Job Eliminated/Changed
- Lack of Work

MISCELLANEOUS

- Other (*describe below*)

Detailed explanation of reason given above:

Employee's statement of reason for separation:

Should employee be rehired? (*If no or only under certain conditions explain below*) Yes No

I certify that the information furnished hereon is true and correct and authorize the release of this document as requested

Employee Signature:

Date:

**Department Head
Signature:**

Date:

Human Resources Office
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 Richmond, Kentucky 40475-3102
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