

SUPERVISORY NOTIFICATION OF  
EMPLOYEE'S SEPARATION

EMPLOYEE'S NAME: \_\_\_\_\_

PROGRAM/UNIT: \_\_\_\_\_

LAST DAY WORKED: \_\_\_\_\_

LAST DAY ON PAYROLL\* \_\_\_\_\_

\*(ONLY APPLICABLE IF TAKING ACCRUED LEAVE BEFORE SEPARATING)

REASON FOR SEPARATION: (PLEASE CHECK ONE)

\_\_\_\_\_ RESIGNATION - REASON: \_\_\_\_\_

\_\_\_\_\_ TRANSFER  
DEPT. /UNIT TRANSFERRING TO: \_\_\_\_\_

\_\_\_\_\_ LEAVE OF ABSENCE WITHOUT PAY

\_\_\_\_\_ RETIRING

**\*\*\*PLEASE ATTACH EMPLOYEE'S LETTER\*\*\***

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

(REV 2/05)