**SEPARATION NOTICE**

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| --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | | | |
| 1. Complete fields below (optional: attach a [formal letter of separation](http://www.uwgb.edu/UWGBCMS/media/hr/forms/ResignationRetirementLetterTemplate.docx)) and submit form to your supervisor. 2. Schedule an exit benefits appointment by contacting [Payroll and Benefits](mailto:PayrollandBenefits@uwgb.edu?subject=Separation%20Meeting). 3. In collaboration with your supervisor, complete the [Separation Checklist](http://www.uwgb.edu/UWGBCMS/media/hr/forms/SeparationChecklist.docx) prior to your last day worked. 4. HR will send a confirmation of your separation once your separation notice has been received and processed. | | | | | | |
| Employee Name: |  |  | Department: | | |  |
| UW System Title: |  |  | FTE %: | | |  |
| Working Title: |  |  | Supervisor: | | |  |
| Separation Reason: | *If accepting employment with another state employer, please check the appropriate box below and complete the information. This impacts benefits, leave, etc.* | | | | | |
|  | UW- | | Start date: | | |  |
|  | Other State Agency: | | Start date: | | |  |
| Last Day Worked: (per [Paid Leave Bank and Vacation Payouts Policy](http://www.uwgb.edu/UWGBCMS/media/policies/files/PAID-LEAVE-BANK-AND-VACATION-CASH-PAYOUTS-Final.pdf?ext=.pdf), last day worked will be effective date of resignation/retirement) | | | | | | |
| Comments: | | | | | | |
|  | | | |  |  | |
| *Employee Signature* | | | |  | *Date* | |
|  | | | | | | |
| **SUPERVISOR** | | | | | | |
| 1. Review, sign and date Separation Form. 2. Forward signed form to Human Resources, cc: Area Leader, Dean/Division Head. 3. In collaboration with the employee, complete the [Separation Checklist](http://www.uwgb.edu/UWGBCMS/media/hr/forms/SeparationChecklist.docx) prior to their last day worked. 4. Forward completed Separation Checklist to HR within one week of employee’s separation. | | | | | | |
|  | | | |  |  | |
| *Supervisor Signature* | | | |  | *Date* | |