REPORT OF SEPARATIONS

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____ Human Resources/Labor Relations and

Employee Health Clinic

____ Payroll

____ File

DIVISION

EMPLOYEE NO.	TERM DATE*	LAST DAY WORKED*/ PAID	NAME and GL#	JOB TITLE	TYPE OF SEPARATION	STATUS	FT or PT
			GL #:				
			GL #:				
			GL #:				
			GL #:				
			GL #:				

*Where date separated and last day worked are different dates, each date must be shown.

TYPE OF SEPARATION CODES: STATUS Resigned R Permanent Р Full-time FT Laid Off Т РТ LO Temporary Part-time Transfer (explain) TRF Seasonal S Discharged DISCH Interim Ι Provisional PV **Retired:** Service Retirement SERV RET Deferred DEF **Duty Disability DUTY DIS** Non-duty Disability NON DUTY

PREPARED BY: _____

Pay Period End Date