

Employee Separation Form

Instructions – This form is used when employees separate entirely from Southern Oregon University employment. The form should be completed by the employee, routed for appropriate signature clearance, and submitted to the department supervisor on or just prior to the employee's last day physically worked. Return the completed form to HR.

EMPLOYEE NAME (Last, First)		EMPLOYEE ID 940-	DEPARTMENT/DIVISION
CLASSIFICATION TITLE	WORKING TITLE		<input type="checkbox"/> FINAL LEAVE RECORD/TIME SHEET HAS BEEN SUBMITTED TO PAYROLL
LAST DAY PHYSICALLY WORKED (m/d/yyyy)	SEPARATION EFFECTIVE DATE (last day in paid status) (m/d/yyyy)		
ARE YOU CURRENTLY AN SOU STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		WILL YOU REMAIN A SOU STUDENT AFTER SEPARATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FINAL MAILING ADDRESS FOR W-2 (MUST UPDATE IN MYSOU.EDU BANNER SELF-SERVICE) <i>Note: Will continue to have access to W2 and paystubs, contact IT Help Desk for assistance</i>		REASON FOR SEPARATION	
ADDRESS: _____		<input type="checkbox"/> RESIGNATION <input type="checkbox"/> END OF TEMPORARY ASSIGNMENT <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (SPECIFY): _____	
CITY, STATE, ZIP: _____			
PERSONAL EMAIL: _____			

VERIFICATION BY EMPLOYEE AND DEPARTMENT (EMPLOYEE INITIAL APPLICABLE OPTIONS AND OBTAIN CORRESPONDING SIGNATURES FOR EACH CATEGORY)

DEPARTMENT PROPERTY - Return to Department

_____ Returned department property and equipment issued
 List Item(s): _____
 _____ Did not return the following outstanding item(s): _____
 _____ Reason(s): _____

Director Signature/Date

Director Signature/Date (MUST NOTIFY Director of Business Services)

_____ I acknowledge that my SOU Identification Card is attached to this form. If it is not attached, provide explanation:

_____ Returned Procurement Card to the Department Custodian/Budget Authority
 _____ No department property issued

Department Custodian/Budget Authority Signature/Date

KEYS & FOBS - Facilities Management & Planning (351 Walker Avenue)

_____ Returned to Facilities Management & Planning
 _____ Lost/Stolen and a report has been filed with SOU Campus Public Safety
 _____ It has been operationally determined that I am authorized to retain keys/fobs until date: _____
 _____ No key or FOB has been issued

FMP Representative Signature/Date

CPS Representative Signature/Date

Director Signature/Date

LIBRARY MATERIALS - Hannon Library

_____ Returned library materials to Hannon Library
 _____ No library materials issued

Hannon Library Representative Signature/Date

SALARY ADVANCEMENTS - Business Service/ Payroll Office (Churchill Hall 143)

_____ Settled salary advanced with Business Services/Payroll Office
 _____ Not settled, and I acknowledge, per policy, that the outstanding balance will be taken from final pay-out
 _____ No salary advance issued

Business Services/Payroll Office Representative Signature/Date

CERTIFICATION BY EMPLOYEE (ACKNOWLEDGE EACH SECTION WITH INITIALS)

ACCOUNTING

_____ I acknowledge that if I have been issued an SOU Corporate Travel Card by US Bank, this card will be deactivated upon my separation date, it is my responsibility to destroy the card appropriately, and I am obligated to assure the account is paid in full.

_____ I acknowledge that if my Banner Self-Service Account Balance indicates an Amount Due, it is my personal debt obligation and will remain my responsibility regardless of my SOU employment status.

_____ I acknowledge that I have reached out to Parking for information regarding my potential virtual parking permit fee reimbursements (contacting the Parking Department at 541-552-PARK).

BENEFITS

_____ I understand that upon separation I will lose my SOU group insurance benefits. The Consolidated Omnibus Budget Reconciliation Act (COBRA), a Federal law that gives employees the right to continue group health insurance after becoming ineligible for benefits by paying the full cost of insurance premiums (employer and employee share), will be available to me. I understand that this information will be mailed to me and can also be obtained through SOU Human Resource Services by calling 541-552-6167.

_____ I understand that my enrollment in a Flexible Spending Account (FSA) should be given special consideration to assure non-forfeiture of funds currently on deposit.

_____ I understand that I may have personal retirement contributions with PERS/OPSRP or ORP and further information is available from SOU Human Resource Services or directly from the provider.

REQUIRED SIGNATURES

I acknowledge that I have an ongoing responsibility to Southern Oregon University for maintaining the confidentiality of any information that is deemed private, privileged and/or confidential.

EMPLOYEE NAME (PRINT)	SIGNATURE	DATE (m/d/yyyy)

<i>Please Complete IT Information Below</i> SUPERVISOR/DEPARTMENT HEAD (PRINT)	TITLE	SIGNATURE	DATE (m/d/yyyy)

DIRECTOR ACKNOWLEDGEMENT (PRINT)	TITLE	SIGNATURE	DATE (m/d/yyyy)

IT INFORMATION – TO BE COMPLETED BY MANAGER OR DEAN

FACULTY EMERITI ONLY

Unless otherwise indicated, Faculty Emeriti will retain their network/email account indefinitely. If the faculty emeriti wishes to have the account deleted, indicate date for deletion: _____

ALL OTHER ACCOUNTS - Accounts are *disabled* at the end of the last day physically worked and *deleted* seven (7) days after departure date unless otherwise indicated. In no case will departing employees retain access to Banner.

If the account needs to be retained beyond the seven day period, please indicate date for deletion: _____

Reason: _____

ACCESS TO DEPARTED EMPLOYEE'S ACCOUNTS AND FILES - Due to critical business continuity, I authorize access as follows and understand access will be revoked in 30 days unless otherwise specified:

Name of employee(s) who should be granted access to departing employee's personal drive: _____

Date when access should be revoked: _____

Name of employee who should be granted ownership of departing employee's Google Drive/Docs: _____

Other, please explain below: _____

FOR INTERNAL USE ONLY- Routed from HR to Business Partners

HUMAN RESOURCES			BENEFITS			PAYROLL			INFORMATION TECHNOLOGY			
FUNCTION	DATE	INITIALS	FUNCTION	DATE	INITIALS	FUNCTION	DATE	INITIALS	ITEM	INFO	DATE	INITIALS
MASS EMAIL			PEBB			PEALEAV			TICKET NUMBER			
PEAEMPL			PERS / ORP			NBAJOBS			DATE RECEIVED			
GXADIRD			PDAEDN			PULL FILE			ACCOUNT NUMBER			
PULL FILE			PWOAEMP			BUS SVC BUDGET/PROVOST BUDGET			BANNER ACCT			
COPY SRV CTR			PULL FILE			FUNCTION	DATE	INITIALS	BANNER NAME			
COPY BUS SVC/ PROV BUDGET						NBAPBUD			NETWORK ACCT			
COPY IT						NBAPOSN						