Employee Notice of Resignation/Transfer

Instructions - This form is used when employees end employment prior to the appointment's original termination date or for resignation from one SOU position to accept another SOU position. This Employee Notice of Resignation/Transfer form must be completed by the employee and submitted to the department supervisor at the time official resignation is given. Additionally, an Employee Separation form must be completed and submitted to Human Resource Services prior to the employee's last day physically worked.

SO Southern OREGON

EMPLOYEE NAME (Last, First)									EMPLOYEE ID 940-								
CLASSIFICATION TITLE			w	WORKING TITLE									MENT/DIVISION				
LAST DAY PHYSICALLY WOR	PARATION EFFECTIVE DATE (last day												E SHEET				
	l Insid	deSOU.EDU BANNER SELF-SERVICE				IF ENROLLED IN DIRECT DEPOSIT, LAST CHECK SHOULD BE								НЕСК			
ARE YOU CURRENTLY AN SO		No WILL YOU REMAI				N A SOU STUDENT AFTER RESIGNATION/TRANSFER?							_ Yes	🗌 No			
EMPLOYEE HAS SIGN-IN ACCESS TO THE FOLLOWING EXTERNAL SYSTEMS/DATABASES																	
None apply	🗌 Er	nterprise Rent-A-Car				Maxient				L A	Amazon						
US Department of Educat	Co	onverge				BossCars					SAIF						
Department Social Media	U []	IS Bank				HigherOne					CICS						
National Student Clearing	National Student Clearinghouse 🛛 EDX / ORP							Collection Agencies					Cogno	S			
Government Drawdown	vernment Drawdown (G5, ASAP)							Degree Works					Other				
Staples/OfficeMax/Office	Depot	regon State Treasury				Virtual Merchant					Other						
REASON FOR RESIGNATION				TRANSFER	WITHIN	SOU				OPTIONA	L ELECT	IONS					
Retirement (Effective dat	Accepted another position at SOU				J In-Person Exit Interviev					v with Human Resource Services							
New position provides professional advancement														me Available			
New position provides be	Position and Department					-											
New position has better		If applicable, Keys/Fobs returned t					_										
Dissatisfied with SOU (po			able, Key	/s/Fobs ret	urned	to FM	Р										
Dissatisfied with SOU pro	5						_			rtual Feedb			-	nce.			
Personal reasons				ative Signa				Personal	mail A	ddress:							
Other	If applicable, mobile devices retur				rned to IT Elect to opt out of an e					exit interview							
		Coordinator															
IT Coordinator Signature/Date																	
FOR TRANSFERRING EMPLOYEES ONLY - 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:																	
Name of employee(s) who should be granted access to departing employee's personal drive:																	
Name of employee who should be granted ownership of departing employee's Google Drive/Docs:																	
Other, please explain below:																	
REQUIRED SIGNATURES																	
EMPLOYEE NAME (PRINT)	SIGNATURE									DATE (m/d/yyyy)							
Begin reviewing IT INFORMATION Section on the EMPLOYEE SEPARATION FORM. Contact IT with questions.																	
SUPERVISOR/DEPARTMENT HEAD (PRINT)				TITLE				SIGNATURE					DATE (m/d/yyyy)				
DIRECTOR ACKNOWLEDGEMENT (PRINT)				TITLE				SIGNATURE					DATE (m/d/yyyy)				
VICE PRESIDENT/PROVOST (PRINT)				TITLE				SIGNATURE					DATE (m/d/yyyy)				
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FOR INTERINAL USE UNLY - (d to HR. HR electronically forwards i						area iuno	1	ORMATION TECHNOLOGY- it-notices@s							
FUNCTION	DATE	AN RESOURCE	FUNC	TION	DATE	INITIAL	FUNG		DATE	INITAL	ITEN			INFO	DATE	INITIAL	
HR Mass Email Heads-up				to Benefits			NBA				TICK						
Transfer email to term access PEAEMPL				py to Payroll py to SC Pay.			NBAI POSN	N #			DATE RECIEVED ACCOUNT NUMBE		FR				
	Copy to BUS					-03		AYROLL			NER ACCT	/EN					
			SVS/P	rov Budg.			Leave				BAN	NER NAME					
		-	Copy t	to IT		1	Balar NBAJ				NET	WORK ACCT					