

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 SERVICE CENTER 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> ADDRESS: _____ CITY, STATE, ZIP: _____ PERSONAL EMAIL: _____		REASON FOR SEPARATION <input type="checkbox"/> RESIGNATION <input type="checkbox"/> END OF TEMPORARY ASSIGNMENT <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (SPECIFY): _____	

VERIFICATION BY EMPLOYEE AND DEPARTMENT <i>(EMPLOYEE INITIAL APPLICABLE OPTIONS AND OBTAIN CORRESPONDING SIGNATURES FOR EACH CATEGORY)</i>		
DEPARTMENT PROPERTY - Return to Department <input type="checkbox"/> Returned department property and equipment issued List Item(s): _____ <input type="checkbox"/> Did not return the following outstanding item(s): _____ Reason(s): _____ <input type="checkbox"/> I acknowledge that my SOU Identification Card and Staff/Faculty Parking Pass are attached to this form. Information regarding parking permit fee reimbursements can be obtained at Enrollment Services (Britt Hall). If either item is not attached, provide explanation: _____ <input type="checkbox"/> Returned Procurement Card to the Department Custodian/Budget Authority <input type="checkbox"/> No department property issued		_____ Director Signature/Date _____ Director Signature/Date (MUST NOTIFY Director of Business Services) _____ Department Custodian/Budget Authority Signature/Date
KEYS & FOBS - Facilities Management & Planning (351 Walker Avenue) <input type="checkbox"/> Returned to Facilities Management & Planning <input type="checkbox"/> Lost/Stolen and a report has been filed with SOU Campus Public Safety <input type="checkbox"/> It has been operationally determined that I am authorized to retain keys/fobs until date: _____ <input type="checkbox"/> No key or FOB has been issued		_____ FMP Representative Signature/Date _____ CPS Representative Signature/Date _____ Director Signature/Date
LIBRARY MATERIALS - Hannon Library <input type="checkbox"/> Returned library materials to Hannon Library <input type="checkbox"/> No library materials issued		_____ Hannon Library Representative Signature/Date
SALARY ADVANCEMENTS - Business Service/ Payroll Office (Churchill Hall 143) <input type="checkbox"/> Settled salary advanced with Business Services/Payroll Office <input type="checkbox"/> Not settled, and I acknowledge, per policy, that the outstanding balance will be taken from final pay-out <input type="checkbox"/> 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.

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 Benefits to Payroll

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			
PEEMPL			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						