

SECTION A

Employee Name: _____ Red ID #: _____

Dept. Name: _____ Date: _____

Separation Date: _____ Labor Account(s) Affected: _____

Permanent Address: _____ Special Instructions for Final Paycheck (if applicable): _____

SECTION B

Reason for Separation

- | | |
|--|--|
| <input type="checkbox"/> Voluntary
<input type="checkbox"/> Accepted a New Job
<input type="checkbox"/> End of Internship / Temporary Assignment
<input type="checkbox"/> Graduation
<input type="checkbox"/> No Longer an SDSU Student
<input type="checkbox"/> Relocation
<input type="checkbox"/> Other (specify) _____
_____ | <input type="checkbox"/> Involuntary (Must have Human Resources Approval)
<input type="checkbox"/> Reduction in Force (Permanent)
<input type="checkbox"/> Temporary Layoff - Subject to Recall _____
<input type="checkbox"/> Unable to Meet Job Requirements / Expectations
<input type="checkbox"/> Dismissal for Cause
<input type="checkbox"/> Absenteeism / Tardiness
<input type="checkbox"/> Dishonesty / Theft
<input type="checkbox"/> Falsification of Employment Records
<input type="checkbox"/> Insubordination
<input type="checkbox"/> Intoxication (Alcohol / Drugs)
<input type="checkbox"/> Refusal to Follow Instructions
<input type="checkbox"/> Violated Established Company Policy
<input type="checkbox"/> Other Misconduct (specify) _____
_____ |
|--|--|

SECTION C

Final Evaluation (check one in each category)

ABILITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
ATTENDANCE	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
ATTITUDE	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
PRODUCTIVITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Very Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable

Additional Comments: _____

Eligible for re-hire? ☐ YES ☐ NO, If NO, explanation and HR Director approval is required.

Explanation: _____

HR Approval Signature _____ Date _____

A.S. property returned? ☐ Yes ☐ No Notice to Employee as to Change in Relationship provided? ☐ Yes ☐ No

Approval Signatures

Supervisor

Date

Manager

Date