

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
REQUEST FOR SEPARATION OF EMPLOYMENT**

Name of Employee: _____ R# _____

Position Title: _____ Department: _____

Effective Date of Separation: _____

Reason:

- Position Discontinued (All)
- Lack of Funding
- Completion of Contract
- Reorganization/Reduction in Force
- Quit without Notice per HSC OP 70.31 *"...missing three consecutive work shifts without notifying his/her administrative office of the reason for the absence."*
- Leave of Absence Expiration

Verified by Leave Administrator _____ Date _____

Attach all supporting documentation including, but not limited to, a separation justification memo and a separation letter addressed to the employee.

REQUESTED BY:

Supervisor/Manager: _____ Date: _____

Director/Administrator: _____ Date: _____

REEVIEWED:

Asst. VP for Human Resources: _____ Date: _____

APPROVED:

Vice President/Dean: _____ Date: _____