

## Separation or Termination of Employment Record

Name of Employee \_\_\_\_\_ R# \_\_\_\_\_

Employee's Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_

School / Division \_\_\_\_\_ Department \_\_\_\_\_ Campus \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Department Official's Name \_\_\_\_\_ Title \_\_\_\_\_

(Director, Administrator, Chair, or other)

Requested effective date of separation or termination \_\_\_\_\_

**Type of Separation or Termination (please refer to HSC OP 70.31 and 70.\_\_\_\_ for guidance):**

<b>Voluntary</b>	<b>Administrative</b>	<b>Misconduct</b>
(Resignation with letter, use ePAF)	____ Reorganization	____ Behavior violations
____ Quit without notice	____ Reduction in force	____ Failure to perform
____ Failing to return from leave	____ Funding factors	____ Failure to achieve
____ Missing three consecutive shifts	____ Completion of work	corrective actions
without proper notice to dept.		
____ Other	____ Other	____ Other

Explain:

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**Attachments:**

\_\_\_\_ Request to Separate or Terminate memorandum  
\_\_\_\_ Letter to Employee  
\_\_\_\_ Corrective Action documents  
\_\_\_\_ Most recent Performance Evaluation  
\_\_\_\_ Leave status confirmation from Leave Administrator  
\_\_\_\_ Other:

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**Separation or Termination Requested by:**

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Official \_\_\_\_\_ Date \_\_\_\_\_

(Director, Administrator, Chair, or other)

**Please deliver the separation packet to local the Human Resources Director or designee for processing by HR.**

**For Human Resources Use Only**

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**Review by Assistant Vice-President for Human Resources or designee:**

Comments or recommendation:

Signature by AVPHR or designee \_\_\_\_\_ Date \_\_\_\_\_

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**Separation or Termination approved by TTUS Chancellor, TTUHSC President or executive official designee:**

Signature of executive official \_\_\_\_\_ Date \_\_\_\_\_