

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

**FOR: ADMINISTRATIVE & PROFESSIONAL STAFF CIVIL SERVICE FACULTY GRADUATE ASSISTANT**  
(To be completed by the employee and employing department.)

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Employee's Email: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Time: \_\_\_\_\_  c.o.b.  a.m.  p.m. Number of hours to be paid for final day of employment: full day  or no. of hours: \_\_\_\_\_

**FORWARDING ADDRESS:** Keeping your address current is necessary in order to receive your W-2's at the end of this tax year. Please contact the Office of Human Resources with any address changes you may have until you receive your final W-2's for this tax year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRESENT POSITION:**  Administrative & Professional Staff  Civil Service  Faculty  Graduate Assistant

Rank/Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Current SemiMoSalary or Hrly Rate: \_\_\_\_\_  
School, College, or Unit: \_\_\_\_\_ Dept.: \_\_\_\_\_ Rate: AIS Budget Purpose: \_\_\_\_\_ Position Number: \_\_\_\_\_

Rank/Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Current SemiMoSalary or Hrly Rate: \_\_\_\_\_  
School, College, or Unit: \_\_\_\_\_ Dept.: \_\_\_\_\_ Rate: AIS Budget Purpose: \_\_\_\_\_ Position Number: \_\_\_\_\_

**REASON FOR SEPARATION:**

- Appointment Expiration  Accepting position within the University  Accepting position at other IL University  Resignation  
 Deceased  Retirement (The Employee Vacation/Sick Leave Reporting Form must be sent at the end of the employee's last pay period or on the termination date.)  Involuntary Termination

**Comments:**

**NOTE:** The Office of the Chancellor encourages employees resigning or retiring from SIUE to schedule a personal exit interview with the supervisor of the employee's immediate supervisor.

**SUBMITTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Employee's Signature

**Please sign and make a file copy before forwarding.**  
**The Office of Human Resources WILL NOT be sending copies of this document.**

>> SIGN WITH BLUE INK <<

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**ACCEPTED BY:**

_____	Date	_____	Dean/Director/Fiscal Officer	_____	Date
Chair/Supervisor	_____	Date	_____	Dean/Director/Fiscal Officer	_____
Chair/Supervisor	_____	Date	_____	Vice Chancellor	_____
Vice Chancellor	_____	Date	_____	Director, Human Resources	_____
Chancellor	_____	Date	_____	_____	_____

**PLEASE ATTACH EMPLOYEE VACATION/SICK LEAVE REPORTING FORM TO THIS DOCUMENT**