

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.: _____ Budget Purpose: _____ Position Number: _____

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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 << >> SIGN WITH BLUE INK << >> SIGN WITH BLUE INK <<

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