EMPLOYEE SEPARATION FORM

Metropolitan State University

EMPLOYEE NAME: _____ **TECH ID #:** _____

Hiring Supervisor (Requester's) Name: _____ **Phone #:** _____

Division / College / School / Dept: _____

Date of Employee Notice: _____ **Last Workday:** _____

TYPE OF SEPARATION

☐ **Voluntary Separation**
(Include employee's written resignation letter)

☐ **Involuntary Separation**
(Include supervisor's separation letter)

EMPLOYEE INFORMATION

Position Control Number (PCN) ***(if known)*:** _____

Bargaining Unit: _____

Position Working Title and/or Job Classification Title: _____

SPECIFIC SYSTEMS / INFORMATION TECHNOLOGY INSTRUCTIONS UPON SEPARATION

Add Outlook Email Account onto Another Employee: _____

Automated Outgoing Email Message: _____

_____

Other Requests: _____

REQUESTING AND APPROVAL SIGNATURES

_____
1. Hiring Supervisor **Date**

_____
2. Division Head/VP/Provost **(if involuntary)** **Date**

_____
3. CHRO/Assistant HR Director **Date**

ROUTE THIS FORM WITH ANY ADDITIONAL DETAILS TO:
Human.Resources@metrostate.edu

AS THE SUPERVISOR, PLEASE REMEMBER TO DO THE FOLLOWING:

- Complete the Offboarding Checklist with Employee and send to HR.
- Remind Employee to contact Financial Management to cancel parking pay deduction and turn in any parking permits.
- Collect all keys/access cards from Employee and turn in to Building Services.
- Transfer and Save any Employee H:DRIVE files to a SHARED department folder.

HR will also forward this form to IT Services, Financial Management and Building Services.

Metropolitan State University is an Affirmative Action / Equal Opportunity Employer.