

ARIZONA WESTERN COLLEGE SEPARATION FROM EMPLOYMENT FORM



Part-Time Employee*

Student Worker*

FROM: _____

DEPARTMENT: _____

Employee Name _____

ID# _____

***Required documents must be submitted to HR with this form. Incomplete documentation will delay processing.**

Termination Date _____

Position Title: _____

COMPLETE 15-digit budget code: _____

Hourly Rate: \$ _____
(See current PT salary schedule)

Reason for Termination: _____

*(Web Time Entry and Separation from Employment Form must be submitted on the **day of** termination)

_____/_____/_____
Supervisor Signature Date

BELOW FOR FULL-TIME USE ONLY

Full-Time Employee

EMPLOYEE INFORMATION

Name: _____

Department: _____

Street Address: _____

Job Title: _____

City: _____ State: _____ Zip: _____

Termination Date: _____

Forwarding Address (if different) for W-2 Form

Street Address: _____

Reason: _____

City: _____ State: _____ Zip: _____

*I know that all property (including keys) must be returned to the appropriate office and all other charges settled **before** final pay is received.*

Signature

Date

CLEARANCE ROUTING

(Please obtain all signatures to complete the exit process).

Date

Approved by

1. Keys (return to Campus Police) _____

2. Direct Supervisor _____

HUMAN RESOURCES DEPARTMENT INFORMATION (BELOW FOR HR USE ONLY)

Benefits Reviewed:

- Health Insurance
- Life Insurance / Voluntary Products
- Retirement
- Flex

Other:

- Direct Deposit (Not for final check)
- Pick-Up Final Check Mail Final Check
- Timecards
- Other

E-Mail Clearance:

- Business Office
- Help Desk
- Library
- Mailroom
- Purchasing

The above named employee is officially separated from employment on:

Exit Interview conducted by: