ARIZONA WESTERN COLLEGE SEPARATION FROM EMPLOYMENT FORM



Part-Time Employee*	🛛 Stud	ent Worker*
FROM:	DEPARTMENT:	
Employee Name	ID/SS#	
*Required documents must be submitted to	HR with this form. In	ncomplete documentation will delay processing.
Termination Date Position t	itle:	
COMPLETE 15-digit budget code:		Hourly Rate: \$ (See current PT salary schedule)
Reason for Termination:	ion from Englander Es	
"(web Time Entry and Separat	Ion from Employment Fo	orm must be submitted on the day of termination)
Supervisor Signatu	ıre	
BE	ELOW FOR FT USE	ONLY
Full-Time Employee		
EMPLOYEE INFORMATION		
Name:		Department:
Street Address:		
City: State: Zip:		
Forwarding Address (if different) for		Reason:
Street Address:		
City: State:	Zip:	
		opriate office and all other charges settled before
Signature		Date
CLEARANCE ROUTING		
(Please obtain all signatures to complete the	exit process).	
	I	Date Approved by
1. Keys (return to Campus Police)		
2. Direct Supervisor		
HUMAN RESOURCES DEPAR	TMENT INFORMAT	ION (BELOW FOR HR USE ONLY)
Benefits Reviewed:	Other:	
 Health Insurance Life Insurance Retirement Flex 	Pick	ect Deposit (Not for final check) k-Up Final Check Mail Final Check ecards er
E-Mail Clearance:	The above nar	med employee is officially separated from employment on://
 Business Office Help Desk Library 	Exit Interview	conducted by: Date: / Date: / /
Mailroom Purchasing		eague Processed by: Date: / /