

**ARIZONA WESTERN COLLEGE
SEPARATION FROM EMPLOYMENT FORM**



Part-Time Employee*

Student Worker*

FROM: _____

DEPARTMENT: _____

Employee Name _____

ID/SS# _____

***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 FT 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

Reason: _____

Street Address: _____

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
- 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: _____ Date: ___/___/___

Colleague Processed by: _____ Date: ___/___/___