

- Association Foundation Ag Foundation Programs for Children Associated Students

Last Name First Name M.I. Auxiliary ID Number Project/Department Name

Last Day Worked Separation Date

- Full time- Benefited Part time (Cal PERS only) Part time Student

REASON FOR SEPARATION (PLEASE CHECK ONE AND EXPLAIN BELOW IF NECESSARY)

<p>Resignation:</p> <p><input type="checkbox"/> Graduated</p> <p><input type="checkbox"/> Another job</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Quit without notice</p> <p><input type="checkbox"/> Other (explain)</p>	<p>Layoff:</p> <p><input type="checkbox"/> Lack of work</p> <p><input type="checkbox"/> Grant or project ended</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> End of semester</p> <p><input type="checkbox"/> Worked maximum hours (960)</p>	<p>Termination:</p> <p><input type="checkbox"/> Rules violation</p> <p><input type="checkbox"/> Excessive absences/tardiness</p> <p><input type="checkbox"/> No call/no show</p> <p><input type="checkbox"/> Other (explain)</p>
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LIST FURTHER EXPLANATION OF SEPARATION IF NEEDED BELOW:

Note: Please attach proper documentation (Resignation letter/email)

Employee Signature: _____

_____ Date

Supervisor Signature: _____

_____ Date

HR Processed: Date: _____ Initials: _____ PR Processed: Date: _____ Initials: _____