

**CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION
EMPLOYEE SEPARATION FORM**

EMPLOYEE NAME: _____ **CSULB ID#:** _____

PROJECT NAME: _____ **PROJECT DIRECTOR:** _____

DEPARTMENT NAME: _____ **COLLEGE/DIVISION:** _____

DEPARTMENT PHONE #: _____ **P.I. EMAIL ADDRESS:** _____

LAST DAY WORKED: _____

EFFECTIVE DATE OF TERMINATION: _____

SEPARATE REASON: _____

REMARKS DETAILING SEPARATION:

ANY ADDITIONAL COMMENTS:

CHECK LIST FOR THE SEPARATION OF ALL EMPLOYEES. PLEASE PROCESS AND SIGN.

Obtain Employee ID card, forward same to Research Foundation HR Department.

Have the employee return file keys to you and office keys to Campus Key Issue.

Insure all Foundation and Campus equipment has been returned to either the Foundation, Project, or Campus where applicable.

Have the employee sign his/her final timecard and forward it to the H.R. Department prior to the employees last day worked but no later than the last day.

Have the employee return his/her Staff parking permit and Key Card to you and forward them to the Foundation H.R. Department.

If Regular employee, arrange an exit interview with the Foundation Human Resources Department.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

CALIFORNIA STATE UNIVERSITY, LONG BEACH RESEARCH FOUNDATION EMPLOYEE SEPARATION FORM INSTRUCTIONS

The Employee Separation form must be used as a project's notification to the Foundation of an employee's separation from Foundation employment. This process is required to ensure that all obligations of the Foundation, the project, and the employee have been met prior to separation. Please provide the Foundation Human Resources Office with a completed Employee Separation form and final timecard/effort at least 24 hours prior to the employee's last day of work.

EMPLOYEE NAME - Print the employee's name.

CSULB ID# - Print the employee's CSULB ID number.

PROJECT NAME - Title of Project (Center for Continuing Engineering Education).

PROJECT DIRECTOR – Print Project Director Name.

DEPARTMENT NAME - University Department (i.e. Department of Electrical Engineering).

COLLEGE/DIVISION - University College or Division (i.e. College of Engineering or University Relations and Development).

DEPARTMENT PHONE # - Employee's department extension or site telephone number.
P.I. Email Address – Project Director's Email Address.

LAST DAY WORKED - Date of the employee's last regular hours worked.

HOURLY OR SALARIED - Indicate the status of the employee.

EFFECTIVE DATE OF TERMINATION - Last day the employed by the project.

SEPARATION REASON - Reason for termination/resignation.

REMARKS DETAILING SEPARATION - Description of employee's reason for terminating.

WOULD YOU REHIRE THIS PERSON? WHY? - Notes detailing why or why not the project would or would not rehire the employee if funding permitted.

ANY ADDITIONAL COMMENTS - Any further comments about the employee's performance during employment.

CHECK LIST FOR THE SEPARATION OF ALL EMPLOYEES - The person completing this form should make sure that each box is completed. If one line is not applicable, write NA beside the box.

AUTHORIZED SIGNATURE - Signature of individual who completed this document (not the separating employee).

PRINT NAME – Full name of individual who completed this document (not the separating employee).

DATE - Date document was completed.