

PAYROLL SEPARATION CHECK REQUEST FORM

Use this form only if the employee will be receiving a FINAL PAYCHECK.

California law requires that the University remit final payment of all wages owed, including vacation leave and compensatory time within 72 hours of the date of separation for any employee who voluntarily resigns without advance notice. Employees who separate involuntarily or voluntarily with more than 72 hours notice must receive payment at the time of separation. This form addresses the information needed for the Campus Payroll Office to meet the mandated deadlines. **This completed form must be submitted to Campus Payroll via the secure fax number provided below or as an email attachment to the address below at least 5 days prior to employee separation.**

Employee Name: _____

Employee ID Number: _____

Type of Separation:

Separation Information (fill in blanks):

- ☐ Involuntary
- ☐ Voluntary with at least 72 hour notice
- ☐ Voluntary with less than 72 hour notice

Last Day on Pay Status: _____

Separation Date: _____

Reason Code: _____

Date OLPPS Updated: _____

Final Pay Information (complete below):

Period End Date:	Title Code:	Rate:
BU / Fund / Dept ID / Project / Fn / Flex / Sub:	DOS:	Hours/%:

Period End Date:	Title Code:	Rate:
BU / Fund / Dept ID / Project / Fn / Flex / Sub:	DOS:	Hours/%:

Period End Date:	Title Code:	Rate:
BU / Fund / Dept ID / Project / Fn / Flex / Sub:	DOS:	Hours/%:

Remaining Accrual Owed to Employee				
Leave Type*	Current Balance	Prior Period Accrual	Current Period Accrual	Total Hours Paid
Vacation Leave				
Sick Leave				N/A
Comp Time		N/A	N/A	

Pay Disposition (choose only one):

* Please see instructions on following page

- ☐ Direct Deposit (only if employee is already setup for Direct Deposit in OLPPS)
- ☐ Produce Paper Check

Check Pick-up Notification (Pick-Up location is Mission Center Building):

- ☐ Check is to be picked up by EMPLOYEE (Voluntary Separation ONLY/Must Show Photo ID)
- ☐ Check is to be picked up by DEPARTMENT

If DEPARTMENT, please provide Department Contact Name & Phone Number:

Name: _____ Number: _____

- ☐ Check is to be MAILED by FedEx (USPS is not allowed):

Name: _____

Address: _____

City/State: _____ ZIP: _____

FedEx Account Number (required): _____



University of California
San Francisco

Campus Payroll

BOX 0812 • eFax 415/920-2513
1855 Folsom Street, Ste. 425
San Francisco, CA 94143-0812
payrollprocessing@ucsf.edu

Prepared By: _____ Approved By: _____

Department: _____

Phone Number: _____

Date: _____