

**OSU INSTITUTE OF TECHNOLOGY  
SEPARATION NOTICE**

Salary ☐  
Hourly ☐  
Federal Work Study ☐  
Institutional Work Study ☐

Resignation ☐  
Dismissal ☐  
Retirement ☐  
Death ☐  
End of assignment ☐

NAME \_\_\_\_\_

CWID # \_\_\_\_\_

POSITION \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

Street

City

State

Zip-code

CLOSING HOUR OF  
ACTUAL SERVICE \_\_\_\_\_

☐ AM

☐ PM

Month

Day

Year

EARNED LEAVE DUE AL \_\_\_\_\_ HOURS  
SL \_\_\_\_\_ HOURS  
CT \_\_\_\_\_ HOURS

EFFECTIVE DATE \_\_\_\_\_  
Paid Through

Knowledge of Job

Accuracy in Essential Skills of Job

Speed in Essential Skills of Job

Health

Dependability

Initiative

Adaptability

Cooperativeness

Resourcefulness

Judgment

Appearance

**RATING SCALE**

Exceptional 4

Good 3

Fair 2

Poor 1

Would you rehire this employee? ☐ Yes ☐ No

If no, state reasons \_\_\_\_\_

Comments: \_\_\_\_\_

Is a letter of resignation or statement attached? ☐ Yes ☐ No

If not, explain why. \_\_\_\_\_

\_\_\_\_\_  
Head of Department

\_\_\_\_\_  
Date