

TO BE COMPLETED BY APPOINTING AUTHORITY OR DESIGNEE

Name: _____ Personnel Number: _____

Employee's Current/Forwarding Address: _____
Street City State Zip Code

Job Class: _____ Position #: _____ Office: _____ Location Code: _____

Effective Date: _____ Last Day In Pay Status: _____
Month Day Year Month Day Year

Reason For Separation: (*Check One*)

Termination (Pick from drop down box)
 *copy of termination letter **may** be attached

Resignation – (Pick from drop down box)
 *original resignation letter **must** be attached

Layoff – (Pick from drop down box)
 *copy of official letter **should** be attached

Going to another State Agency *resignation letter **must** be attached _____
(Agency)

Type of position this person accepting (Pick from drop down box): _____

Retirement – *letter of intent **must** be attached

Death

Send e-mail notification to [ITSD](#) with Name, Organizational Code, Location and Effective Date to delete SCAN Access, Pagers, Blackberry, Etc.

Submit an [ESP](#) request to delete network and mainframe access. ESP Request #: _____

Notify SKIES Access Approver to delete SKIES access.

Collect the following items if applicable:

<input type="checkbox"/> Laptops	<input type="checkbox"/> Blackberry	<input type="checkbox"/> Credit Cards
<input type="checkbox"/> Keys	<input type="checkbox"/> State identification Card	<input type="checkbox"/> Cell phone
<input type="checkbox"/> Badge	<input type="checkbox"/> SecurID token(key fob)	<input type="checkbox"/> Other

APPOINTING AUTHORITY OR DESIGNEE NAME

APPOINTING AUTHORITY OR DESIGNEE SIGNATURE

DATE

TO BE COMPLETED BY HUMAN RESOURCE SERVICES DIVISION

HUMAN RESOURCE CONSULTANT SIGNATURE

DATE

Effective Date			Annual Leave	Sick Leave	Subject To OASI
Month	Day	Year			

HUMAN RESOURCE CONSULTANT/PAYROLL SIGNATURE

DATE

Remarks: _____