UNC General Administration

Separation from Employment

Please complete form and submit to HR upon receipt of resignation notice from employee.

Supervisor's Name: Supervisor Signature Supervisor Signature Date	Please indicate employment status:			
Temporary EPA Employee Interim EPA Temporary SPA Employee Interim SPA Student Assistant Employee Name: Patching Patchin	Permanent EPA Employee Permanent time limited EPA Employee		d EPA Employee	Comments:
Temporary SPA Employee Interim SPA Student Assistant Employee Name:	 Permanent SPA Employee Permanent time limited SPA Employee 			
Employee Name: Effective date of separation: Division: Department: Resignation letter attached? (not required for temporary employees or student assistants) Is the employee due any of the following: (equal time off, holiday pay, holiday exchange) Does the employee owe any of the following: (adverse weather make-up time, holiday exchange, advanced vacation/sick leave) Was employee a Supervisor? Yes If yes, which items and how much? No Yes If yes, which items and how much? No Yes If yes, Supervisory duties will be transferred to? Disposition of final pay check: (Note: final pay check is not directly deposited. The department provides final pay check to the separating employee. Identify department if different from above.) Address for W2 purposes: Supervisor's Name: Supervisor Signature Date To be completed by UNC GA Human Resources: Employee's SSN Position Number Position Title	○ Temporary EPA Employee ○ Interim EPA			
Employee Name: Effective date of separation: Date of last work day: Division: Resignation letter attached? (not required for temporary employees or student assistants) Is the employee due any of the following: (equal time off, holiday pay, holiday exchange) Does the employee owe any of the following: (adverse weather make-up time, holiday exchange, advanced vacation/sick leave) Was employee a Supervisor? Yes If yes, which items and how much? No If yes, which items and how much? Yes If yes, which items and how much? No United with items and how much? No United with items and how much? Address for W2 purposes: Supervisor's Name: Supervisor Signature Date To be completed by UNC GA Human Resources: Employee's SSN Position Number Position Title	○ Temporary SPA Employee ○ In	terim SPA		
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Address for W2 purposes: Address for W2 purposes: Supervisor's Name: Supervisor Signature Date	exchange)	○ No	and how much?	
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Employee's SSN Position Number Position Title	Supervisor's Name:		Supervisor Signa	ature Date
	To be completed by UNC GA Human Resource	ces:		
Salary Source Longevity Due? Yes No	Employee's SSN	Position Number		Position Title

REFER TO MANAGER/SUPERVISOR EMPLOYEE SEPARATION CHECKLIST FOR ADDITIONAL INFORMATION & PROCESSES ON THE HR WEBSITE

Distribution:

Gayle____ Robbie___ Kris___ Diane___ Beth ____