**GALLAUDET UNIVERSITY**

Human Resources Services

College Hall, Room 106

Ext. 5352

**SEPARATION**

**PERSONNEL ACTION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s  Date |  | Effective  Date |  | Prepared by |  |
| Telephone |  |

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ms/Mrs/  Mr/Dr |  | | Name  L/F/MI |  | | | | | SS  # |  | | |
| Forwarding  Address | |  | | | City |  | State |  | | | Zip |  |

**JOB INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position  Title |  | | | Department |  | | | Dept  Account # | |  |
| Last Pay  Rate |  | Per |  | Appointment  (e.g., 9/12, 11/12) | |  | Object Code  (e.g., 5111, 5121 ) | |  | |

**REASON FOR SEPARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Check | **VOLUNTARY** | Check | **INVOLUNTARY** |
|  | Resigned |  | Non-Reappointment |
|  | Retired |  | Non-Tenure |
|  | Deceased |  | Dismissal |
|  | Did Not Return to Work |  | Poor Performance |
|  | Term Appointment – Expiration |  | Gross Misconduct |
|  | Other |  | Lay Off |
|  |  |  | Other |
|  |  |  |  |

**PROPERTY RETURN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check | ITEM | AMOUNT | Check | ITEM | AMOUNT |
|  | Equipment |  |  | Uniforms |  |
|  | Travel Advances |  |  | Child Development Center Fees |  |
|  | Educational Advances |  |  | Library Books |  |
|  | Keys/Access Card |  |  | Tickets/Fines |  |
|  | ID Card |  |  | Purchasing Card |  |
|  | Bison/PS Access |  |  | Other |  |

**FINAL PAY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the employee eligible  for severance pay? |  | Yes |  | No | If yes, how  many weeks? |  | Amount of  Severance Pay |  |
| Is the employee eligible  for an annual leave payoff? |  | Yes |  | No | If yes, how  many hours? |  | Amount of Annual  Leave Payoff |  |

E-mail termination@gallaudet.edu with full name and separation date to comply with A&O Policy 4.32 notification requirements.

**SIGNATURE DATE SIGNATURE DATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit Administrator |  |  | Senior Administrator |  |  |
| **HUMAN RESOURCES SERVICES/PAYROLL USE ONLY** | | | Human Resources Services |  |  |

**Notification of separation to DOSS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(initials) (date)**

**Annual Leave Ending Balance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sick Leave Ending Balance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORIGINAL MUST BE SUBMITTED TO THE HUMAN RESOURCES SERVICES OFFICE. DEPARTMENTS SHOULD MAKE COPIES FOR THEIR FILES.**