

The University Corporation San Francisco State

Room ADM 361 1600 Holloway Ave. San Francisco, CA 94132

ucorp.sfsu.edu

Employment Separation Form

Instructions: This form must be completed for all separation from UCorp employment involving any break in service. It is not to be used for transfers directly from one project account to another. The Project Director must sign this form. The employee must sign this form in all cases except for close of project or scheduled end of appointment period (i.e. Regularly Scheduled terminations)

Last Name:	Fire	First Name:		
SF State ID:	UCorp Project #:	Last Day W	orked:	
	Reasons fo	or Separation		
Voluntary Resignation		General		
□ To look for other work		□ Reduction in schedule due to completion of job		
□ To accept another position		□ Reduction in hours (or % of time) per week		
□ Dissatisfaction with job/salary		□ Temporary layoff - subject to recall		
□ Change in residence		□ Physical incapacity or inability		
□ Medical/health reasons		☐ Unable to meet changed job requirements		
□ Transportation problems		□ Other (explain):		
□ To attend school Perso		Diaminasi Fan Osusa		
□ Failed to return from leave of absence		Dismissal For Cause □ Absenteeism/tardiness		
□ Other reason (explain):		☐ Insubordination		
Regularly scheduled termination		□ Dishonesty/theft		
□ Scheduled end of appointment period		□ Refusal to follow instructions		
□ Close of project		□ Falsification of application/record		
□ Employee terminated		□ Conflict of interest		
□ Expected to continue at a later date		□ Other (specify):		
		····		
I verify that all State / UCo	orp property, i.e. keys, lapto	ops, Procurement Card et	c. have been	
collected from employee,	if applicable:			
Project Director		Date		
Employee		Date		
Forwarding Address				
City	Sta	ite	Zip	