

## AGNR Employee Separation Information

Name \_\_\_\_\_ SSN \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Effective Date of Separation (last day worked) \_\_\_\_\_

Date of Continuous Employment \_\_\_\_\_

Forwarding Address \_\_\_\_\_

	Bi-weekly / Hourly rate				
	<b>Account number</b>	<b>sub code</b>	<b>position number</b>	<b>item</b>	<b>% fte</b>
1.					
2.					
3.					
4.					
5.					

<b>Leave Balances</b>	
<b>Annual:</b>	
<b>Compensatory:</b>	
<b>Holiday:</b>	
<b>Sick:</b>	
<b>Advanced Sick Leave</b>	

\_\_\_\_\_  
Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority

\_\_\_\_\_  
Date

CC: Dean, Assistant Dean for Finance and Administration,  
Department Head/Chair, Supervisor