

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	_____			
	Account number	sub code	position number	item	% fte
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Leave Balances	
Annual:	_____
Compensatory:	_____
Holiday:	_____
Sick:	_____
Advanced Sick Leave	_____

Preparer

Date

Approving Authority

Date

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