

HUMAN RESOURCES ACTION FORM

Separation or Termination from University

Employee's Last Day Worked	Todays Date EMPLOYEE'S NAME:						
Worked		Last Name		First Name	N	Middle Initial	
Job Title				Department			
	Resignation		Retiring	Termination (Transferring to diffe department)		Termination (Leaving ASU)	
REQUESTED ACTION Please Select	NOTE: An Human Resources Acton Form must be completed and remitted to Budgets if employee is moving from full-time to part-time employment			NOTE: An Human Resources Acton Form must be completed ar remitted to Budgets if employee is moving fr full-time to part-time employment	Transferred USG Institut	HR USE ONLY Transferred to another USG Institution Yes No	
EMPLOYMEN' STATUS Please Select	-		Faculty	Temporary	Student \	dent Worker	
Is this person a time off approver? Yes No							
Who is the new time off approver							
REQUIRED SIGNATURES First, secure all necessary signatures then route to Budgets Office for funding approval. The Budgets Office will send an approved copy to HR to process following review/approval.							
Department Head / Dean							
Vice President / Provost							
Title III (If Applicable) Departments must route to Title III for signature on all Title III positions before sending to Budgets							
Budgets							
Human Resources HR Action Separation Form version 3							