

**SEPARATION FROM EMPLOYMENT
 TRANSFER - LEAVE OF ABSENCE**

EMPLOYEE:
DEPARTMENT:

BANNER ID: 790-
JOB TITLE & POSITION NO:

- PERMANENT FULL-TIME
 TEMPORARY PART-TIME

- RESIGNATION TERMINATION RETIREMENT TRANSFER

REASON CODE: **LAST DAY WORKED:**

If reason code is **TR** (Transfer) please indicate **University Dept. transferred to:**

PRIMARY REASON FOR LEAVING:

- | | | |
|--|--|----------------------------------|
| BB – Better benefits | IA – Invol. Sep after Probation Period | RN – Retirement, normal |
| BP – Better pay | IW – Invol. Sep w/in Probation Period | RS – Return to school |
| CG – Career Growth/promotional opportunity | MO – Moving | TE – Temp employment ended |
| DE – Death | NS – No Show | TR – Transfer to another UM Dept |
| FC – Family Circumstances | PM – Poor Management | WL – Workload, too little |
| FE – Funding Ended/Layoff | QT – Quit, no reason | WM – Workload, too much |
| HR – Health Reasons (self, family) | RE – Retirement, early | |

LEAVE OF ABSENCE WITHOUT PAY

REASON CODE: **LEAVE BEGIN DATE:** **LEAVE END DATE:**

- | | | | |
|--------------------------|---------------------|---------------------------------|---------------------------|
| DI – Discretionary Leave | MI – Military | WC – Workers’ Comp w/ Benefits | FM – Family Medical Leave |
| ED – Educational | PS – Public Service | WN – Workers’ Comp w/o Benefits | SN – Sabbatical |

MAILING OR FORWARDING ADDRESS

(Per Employee Request – for W2 also)

SEND FINAL/TERMINATION PAYCHECK TO:

- Address Bank

ACKNOWLEDGEMENT THAT EXIT ASSESSMENT (PAGE 2) WILL BE COMPLETED BY LAST DAY WORKED:

 Supervisor/Dept. Head Date Dean/Director Date

PLEASE SEND THE SEPARATION/TRANSFER/LEAVE FORM (PAGE 1) TO HUMAN RESOURCE SERVICES IN LOMMASSON 252 AS SOON AS POSSIBLE. THANK YOU.

TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Leave Accrual Date: _____ Faculty Fund No.: _____ (payoff)
 Home Index: _____ Budget Index: _____ Position No.: _____ FTE: _____

Balance at: _____	Annual	Sick	Comp	Unused Annual Excess Leave _____ Hrs
Plus accrual through: _____	+	+	+	Unused Annual Leave _____ Hrs
(_____ days worked @				Unused Sick Leave _____ Hrs
_____ hrs/day = _____ hrs)				Compensable Comp Time _____ Hrs
				Professional Development Leave _____ Hrs
				by _____ Date _____
Subtotal: _____				
Less hours used _____	-	-	-	
Total: _____				Copy sent to Budget Office _____ Date _____

SEPARATION FROM EMPLOYMENT-TRANSFER-LEAVE OF ABSENCE
EXIT ASSESSMENT CHECKLIST

EMPLOYEE NAME:
SEPARATION DATE:

BANNER ID: 790-
DATE:

Each separating employee and their supervisor must review each item listed on this form. If an item does not apply, mark it "N/A". If a transaction occurs, the employee and the supervisor must initial the transaction upon completion. **The Exit Assessment Checklist should be taken to the UM Police Department if the employee has University keys issued to them.** The UM Police Department will verify the return of all university issued keys on the checklist.

After completing the checklist the employee and the supervisor must sign and date the form and send it to Human Resource Services for inclusion into the exiting employee's personnel file.

TRANSACTION	Employee INITIALS	Supervisor INITIALS
INFORMATION TECHNOLOGY		
Telephone credit cards returned		
Banner account closed		
Email Account closed (Retiree account remains open unless otherwise requested)		
Designate Proxy Approval in U-Approve		
Cell phone(s) and electronic devices returned		
UM POLICE DEPARTMENT		
Griz Card access to all UM doors revoked		
All University keys returned		
To be completed by the UMPD: Verification of returned keys signature and date: _____		
All traffic fines paid		
UM parking permit. If you chose payroll deduction and have a balance remaining on your account will be charged		
BUSINESS SERVICES – IF YES TO ANY QUESTION BELOW, SEND A COPY TO BUSINESS SERVICES.		
Does the employee have a Banner Finance Account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the employee a Petty Cash or Change Fund Custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the employee have a ProCard or Costco Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HRS – BENEFITS CONSULTATION: Call 406-243-4238 or 406-243-6766		
Long Term Care Insurance		
Faculty/Staff fee waiver reimbursement processed		
Flexible Spending Account (s) closed		
COBRA explained		
Retirement options discussed		

We acknowledge that all University property has been returned and the exit process completed.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resource Services: _____ Date: _____

**Please submit this form to [HUMAN RESOURCE SERVICES](#) in Lommasson 252.
Questions? Call: 406-243-6766 or email AskHR@mso.umt.edu**