

## EMPLOYEE SEPARATION FORM

EMPLOYEE NAME	SAP NUMBER
MAILING FOR FINAL CHECK	MAILING FOR W-2
LAST DAY (Last day is the last day to be a UAMS employee. If employee has been on LWOP enter the date that leave ends, not the last day actually worked or paid)	PREPARED BY <span style="float: right;">PHONE NO.</span>

**I. SEPARATION CLEARANCE PROCEDURES:**

Employee must visit each listed department. The Office of Human Resources will be the last stop. If employee is unavailable, department must clear all items.

DEPARTMENT	LOCATION	ITEMS	INITIALS	DATE
Employee's Department		Property		
Nurse Recruitment	Hospital, 7th Floor Room 7D25	(RNs/LPNs Only)		
Campus Police/Parking Operations*	Parking Operations	ID Badge		
		Parking		
Library*	Ed II Circulation	Books, Materials		
Physical Plant	Hospital, Ground Floor	Keys		
Credit Union*	Hospital, Ground Floor	Loans, Savings		
Medical Records	Hospital, Ground Floor	(Medical Staff Only)		
Human Resources <b style="color: red;">(Final Stop)</b>	Barton Research, 1st Floor	Benefits		

**\*Not Required for Departmental Transfers.**

**II. REASON FOR SEPARATION:**

Resignation                      Attach letter/notice  
 Retirement  
 Termination                      Attach employee disciplinary notice/material  
 Transfer to (agency/institution name): \_\_\_\_\_  
 Transfer to (UAMS Department name): \_\_\_\_\_  
 Other: please explain: \_\_\_\_\_

**III. TERMINAL LEAVE DISPOSITION:**

Payment:	Transfer to Agency/Inst.
<input type="checkbox"/> Hours Vacation	<input type="checkbox"/> Hours Vacation
<input type="checkbox"/> Hours Holiday	<input type="checkbox"/> Hours Holiday
<input type="checkbox"/> Hours Comp. Time	<input type="checkbox"/> Hours Sick

**IV. SUPERVISOR'S EVALUATIVE COMMENTS:**

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LATEST PERFORMANCE EVALUATION: Date: \_\_\_\_\_ Score: \_\_\_\_\_ of \_\_\_\_\_

V. RECOMMENDATION FOR REHIRE WITHIN THIS DEPARTMENT:       YES                       NO

**VI. SIGNATURE**

\_\_\_\_\_  
(DEPARTMENT HEAD)

\_\_\_\_\_  
(DATE)