



UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

# 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	Ward Towers 1 <sup>st</sup> Floor, Rm. 1E50	(RNs/LPNs Only) (RNs/LPNs Only Complete Exit Survey)		
Campus Police/Parking Operations*	Parking Operations	ID Badge		
		Parking		
Library*	Ed II Circulation	Books, Materials		
Physical Plant (Open: 7:30-9a, 11:30-12:30 p, 3-4p)	Hospital, Ground Floor	Keys		
Credit Union*	Hospital, Ground Floor	Loans, Savings		
Medical Records	Hospital, Ground Floor	(Medical Staff Only)		
HIPAA Compliance	Central Hospital 1st Floor (Enter Campus Operations/AHEC door - M1/147c)	Computer Access (All Employees)		
Human Resources (Final Stop)	Central Hospital G800	Benefits		

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

II. REASON FOR SEPARATION:

Resignation Attach letter/notice  
 Retirement  
 Termination  
 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

V. RECOMMENDATION FOR REHIRE WITHIN THIS DEPARTMENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

VI. SIGNATURE

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

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

Revised: 6/10/2011