



THIS FORM MUST BE COMPLETED AND RETURNED TO THIS OFFICE OF HUMAN RESOURCES AT LEAST THREE (3) DAYS PRIOR TO FINAL DATE OF EMPLOYMENT.



Employee Name _____	CWID # _____
Supervisor _____	Department _____
Last Day Worked _____	Reason for Separation _____

Employee Address at time of separation:

Street Address: _____	City/ST/Zip _____
Non-KSU Email Address: _____	Phone: _____



Immediate Supervisor	Date
Appropriate Vice President	Date
Brand Identity (Social Media)	Date
Library	Date
University Police (Exum)	Date
Locksmith (Jordan Building)	Date
Health & Safety Office (Facilities Mgmt. employees only)	Date
Cashier (ASB 349)	Date
Purchasing (ASB 243)	Date
Information Technology (ASB 379)	Date
Auxiliary Services – ID Cards (ASB 317)	Date
Accounts Payable (ASB 430)	Date
Bursar	\$ _____ Date
Payroll Department (ASB 428)	Date
Human Resources (ASB 429)	Date

Employees Signature: _____ Date: _____