

Resignation/Separation Form

May be completed by department representative, UHR, or resigning employee. Signed resignation letter may be attached in lieu of employee signature below. Not intended for transfers, promotions or other changes.

Employee Name:	OHIO EE ID#:	OHIO Email:
Department:	Position # (if applicable):	
Last date of work:		
Employee Type:	Rea	son:
Employee Signature:		Date:
Planning Unit Representative	or UHR Signature:	
	Date:	
Separation Checklists:		
Employee		
□Written notice to Supervisor		Supervisor
□Return library materials		\Box Notice to UHR Records
□Close Bobcat Cash Acct		□Collect department resources
□To continue insurance contac	t UHR about COBRA	□Update department website
Turn in to supervisor:		□Submit Paid Time Off in MPI or Workforce
□ Parking permit		□Process IT systems accesss
□Purchasing Card		
Building, Room, Car Keys	3	
University electronic equi		
University ID		
Department or University	Tools	

For Departmental Use:

If you need further assistance or have questions, contact University Human Resources at (740) 593-1636 or Return form to: University Human Resources, Grosvenor Hall 324, 1 Ohio University, Athens, OH 45701or email to <u>uhr@ohio.edu</u>.