

Exit Form

EMPLOYEE ID:

Office of Human Resources

TO:

FROM:					
SUBJECT:	Separation from the University Service				
DEPARTMENT:					
DATE:	EFFECTI			VE DATE:	
The above named individual will no longer be employed with CSU as of the noted date. Please sign below to indicate all obligations with your respective department are settled.					
PEC 2 nd floor Ext. 3906	Director, Public Safety or Designee			Date:	
PEC 3 rd floor Ext. 3775	Physical Plant Manager or Designee			Date:	
Library Ext. 3400	Director, Library or Designee			Date:	
Department	Dean/Supervisor			Date:	
Department	Chairperson (if applicable)			Date:	
STC Suite 400 Ext. 3852	Chief Information Officer or Designee			Date:	
Parking Office	Manager, Parking Services			Date:	
For HR Use Only					
Human Resources Ext. 3666	Dir., Human Resources or Designee			Date:	
Employee Eligible for rehire in the current department?		☐ Yes		□ No	
Employee Eligible for rehire with the University		☐ Yes		□ No	
Employee access to	☐ Yes, Notify Public	Safety	□ No		