



The Foundation for California State University, San Bernardino

SEPARATIONS PERSONNEL TRANSACTION REPORT

EMPLOYEE LEGAL NAME: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Review Last Day Worked Instructions on Back)

SEPARATION: ( ) Voluntary ( ) Involuntary

STATUS: ( ) Staff ( ) CSUSB Student ( ) Emergency Appointment

DEPARTMENT: ( ) Sponsored Program ( ) Bookstore ( ) Business Office
( ) General Fund ( ) Food Service
( ) Infant/Toddler Center ( ) Children's Center

Program Name: \_\_\_\_\_ Department Director's Name: \_\_\_\_\_
Budget Period: From: \_\_\_\_\_ To: \_\_\_\_\_

ACCOUNT# (6 DIGITS) FUND# (5 DIGITS) DEPARTMENT# (5 DIGITS) PROJECT # (7 DIGITS)

Table with 3 columns: JOB TITLE, RATE OF PAY (Current Pay Rate Monthly, Hourly, Daily), # OF HOURS/ WEEK

EMPLOYEE CLASSIFICATION

Table with 3 columns: Staff Exempt With Benefits, MPP, Temporary/ On Call Without Benefits; Full-time Without Benefits, Part-time Without Benefits; One Time Appointment Separation Date Without Benefits, Emergency Appointment # of Days Without Benefits

REQUIRED- Reason for Separation (Please attach documentation if applicable): Eligible for Rehire? Yes [ ] No [ ]

Authorized Signer for the account \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Sponsored Programs Budget Approval \_\_\_\_\_ Date \_\_\_\_\_

Foundation Use Only:

HR \_\_\_\_\_ Date \_\_\_\_\_ Cobra \_\_\_\_\_ Date \_\_\_\_\_ Payroll \_\_\_\_\_ Date \_\_\_\_\_
Vacation Payoff: Hours \_\_\_\_\_ \$ \_\_\_\_\_
PS Empl ID \_\_\_\_\_ Empl Rec \_\_\_\_\_
FRM #405.7 12/07 Distribution: White -HR Yellow-PR Pink-Employee Gold-Department

## INSTRUCTIONS FOR EMPLOYMENT SEPARATION PERSONNEL TRANSACTION REPORTS

**EMPLOYEE LEGAL NAME:** Enter employee's legal name (first, middle initial, last name).

**LAST DAY WORKED:** Enter the employee's last day of work. Please contact the HR Department or Payroll Office if you are unsure of the date of last day worked.

**SEPARATION:** Check applicable box. Voluntary = Separation was of the employee's choice, Involuntary = Separation was determined by the department.

**STATUS:** Check only one. Only CSUSB Students can have student status. Students from any post-secondary academic institutions other than CSUSB are not considered students and must be marked as staff.

**DEPARTMENT:** Check only one department.

Print Program Name and the Department/Program Director's Name.

If you are under a Sponsored Program or the Children's Center you must enter the annual budget period.

**ACCOUNT # / FUND# / DEPARTMENT # / PROJECT #:** MUST print all four numbers. 23 digits total.

**JOB TITLE:** Print employee's working job title.

**RATE OF PAY:** List employee's monthly, hourly or daily pay rate.

**# OF HOURS PER WEEK:** List the number of hours per week that the employee was scheduled to work.

**EMPLOYEE CLASSIFICATION:** Check only one.

**REQUIRED- REASON FOR SEPARATION:** Use this space to inform the HR Office of REASON for separation (For example- End of project, found new job, etc.). Please attach documentation if applicable (For Example- Resignation letter, etc).

**SIGNATURES:** The following signatures are needed: Authorized Signer for the Account, Supervisor of the Authorized Signer and for sponsored programs and or children's center, and a Human Resources Representative.