

EMPLOYEE SEPARATION REPORT
University of Maine System Office

UNIVERSITY OF MAINE SYSTEM

Employees exiting the University of Maine System Office are asked to fully complete Section 1 prior to their last day of work and submit entire form to their direct supervisor. The supervisor is asked complete Section 2 and forward to Office of Human Resources 16 Central Street, Bangor, Maine 04401. A supervisor's signature is required. Please direct all questions to Kitty Armstrong at 973-3369.

SECTION 1- TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO SUPERVISOR

Name: _____ Employee ID#: _____

Home Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

(We ask that you notify us of any home address changes in order to mail your W-2 form and benefits information)

Department: _____

Please list any current computer sign on IDs and passwords: _____

Please list your current voicemail password: _____

Reason for leaving (please check the one reason which is most applicable):

- Accepted another job because of:
- | | |
|---|---|
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Better work conditions | <input type="checkbox"/> Better pay |
| <input type="checkbox"/> Better benefits | <input type="checkbox"/> Return to school |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Other: _____ | |

Please check ALL applicable items, return the items as specified below, obtain signature of employee receiving the items and date items were received.

Return to Office of Facilities Management

- Office Key(s) Building Key(s) Computer Key(s) Proximity Card

Printed name of employee accepting items

Signature of employee accepting above items

Date

Return to 3rd Floor Reception

- Parking Garage Pass

Printed name of employee accepting items

Signature of employee accepting above items

Date

Return to Office of Strategic Procurement

- Purchasing Card(s) Telephone Card

Printed name of employee accepting items

Signature of employee accepting above items

Date

Return to Supervisor or as Directed

University equipment, including hardware and software that was used away from the work site, must be returned.

Please list equipment and obtain the signature of the employee receiving such equipment: *If you have received any software from UMS for use at home, you may no longer legally use the software after termination and the media must be returned to the University of Maine System Office.*

<i>Equipment</i> (laptop, software, cell phone, pager, etc.)	<i>Signature of employee accepting above items</i>	<i>Date</i>
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

Employee Signature _____

Date: _____

SECTION 2 –TO BE COMPLETED BY SUPERVISOR AND FORWARDED TO HUMAN RESOURCES

Position #: _____

Position Title: _____

Employee's Room #: _____

Effective Separation Date: _____

Department Recommendations:

1.) Resignation: Accepted Accepted with conditions: _____

Not accepted because: _____

 Employee was notified on date: _____

2.) Termination: Failure to report to work Poor Performance Other: _____

3.) This employee is currently on: Approved leave status Worker's Compensation

4.) Department exit interview was conducted by: _____

No department exit interview was conducted

Supervisors signature: _____ *Date:* _____

SECTION 3.- FOR HUMAN RESOURCE USE ONLY:

Distribute to: Payroll Information Services Facilities

Processed by: _____

Additional Information:

If you currently have a **Health Care Advantage Account**, contact Human Resources at 973-3380 for important information about opportunities to continue your account for the rest of the year.

You will receive information about continuing your coverage in the **University's group health plan** (under COBRA) directly from the System Benefits Office. If you do not choose to continue coverage, you are expected to return your group health plan and PAID Prescription Identification Cards to the Benefits Office.

Contact Kitty Armstrong at 973-3369 if you have questions about contributions for **United States Savings Bonds**, or if you were involved in the one-time biweekly advance when the payroll system changed in 1977.

If you are using the **Employee or Dependent Tuition Waiver** benefit, you and / or your dependent may finish the current school semester at the reduced rate. If your employment ends prior to the beginning of a semester, tuition waiver will not be granted for that semester.