

UNIVERSITY OF KENTUCKY EMPLOYEE SEPARATION SHEET

SECTION A: EMPLOYEE/POSITION INFORMATION									
Last Name		First Name		Middle	Person ID		Faculty	Staff	Student
Org Unit Dept. Name		Position #	Division		Forwarding Address				
First Day Worked	Month	Day	Year	First Day Title		Temporary	Part Time	First Day	\$
						Regular	Full Time	Pay Rate	per
Last Day Worked	Month	Day	Year	Last Day Title		Temporary	Part Time	Last Day	\$
						Regular	Full Time	Pay Rate	per
Notice Given:	Month	Day	Year	Written (Attach)		Separation Date		Terminal Vacation Hours to be Paid	
				Oral	None				
SECTION B: REASON FOR SEPARATION (MARK ALL APPLICABLE)									

<input type="checkbox"/> VOLUNTARY QUIT (Eligible for Rehire) 05 <input type="checkbox"/> Self-Employment 7A <input type="checkbox"/> Conflict with Management 7B <input type="checkbox"/> Conflict with Co-Workers 7C <input type="checkbox"/> Staffing/Workload 7D <input type="checkbox"/> Lack of Respect 8A <input type="checkbox"/> Employee Relocation 8B <input type="checkbox"/> Spouse/Partner Relocation 8C <input type="checkbox"/> Travel/Agency Position (RNs only) 8D <input type="checkbox"/> Promotion/Advancement 8E <input type="checkbox"/> Obtained Position Representing Different Job Experience 8F <input type="checkbox"/> Desirable Work Schedule 8G <input type="checkbox"/> Desirable Commute 8H <input type="checkbox"/> Compensation/Pay 8I <input type="checkbox"/> Inability to Advance 09 <input type="checkbox"/> Domestic Responsibility 10 <input type="checkbox"/> Health 11 <input type="checkbox"/> Failed to Return from Leave 12 <input type="checkbox"/> School Responsibility 13 <input type="checkbox"/> Leaving School 14 <input type="checkbox"/> Graduated — <input type="checkbox"/> Other (Must Explain/Unknown)	<input type="checkbox"/> LACK OF WORK (Eligible for Rehire) 16 <input type="checkbox"/> Funds Exhausted 17 <input type="checkbox"/> Position Eliminated 18 <input type="checkbox"/> Reorganization 19 <input type="checkbox"/> Assignment Ended 20 <input type="checkbox"/> Seasonal Work — <input type="checkbox"/> Other (Must Explain/Unknown) <input type="checkbox"/> CONTRACT NOT RENEWED <input type="checkbox"/> RETIREMENT to be coded by Retirement Office 22 <input type="checkbox"/> DECEASED Date: <input type="checkbox"/> Employee <input type="checkbox"/> Retiree <input type="checkbox"/> VOLUNTARY QUIT (Not Eligible for Rehire) 02 <input type="checkbox"/> Job Abandonment 03 <input type="checkbox"/> Quit without Notice 15 <input type="checkbox"/> Anticipation of Discharge 27 <input type="checkbox"/> Did Not Fulfill Notice	01 <input type="checkbox"/> INVOLUNTARY DISCHARGE (Not Eligible for Rehire) <input type="checkbox"/> Insubordination <input type="checkbox"/> Violation of Univ. or Dept. Rule <input type="checkbox"/> Falsification of Records <input type="checkbox"/> Employment Application <input type="checkbox"/> Time Records <input type="checkbox"/> Other Records <input type="checkbox"/> Defaming/Maligning Reputation of University <input type="checkbox"/> Dishonesty <input type="checkbox"/> Imperiling Safety of Others <input type="checkbox"/> Gambling <input type="checkbox"/> Negligent Destruction of University Property <input type="checkbox"/> Substance Abuse: Drugs <input type="checkbox"/> Substance Abuse: Alcohol <input type="checkbox"/> Violation of Local, State, or Federal Law <input type="checkbox"/> Incarceration <input type="checkbox"/> Physical or Mental Endangerment <input type="checkbox"/> Fighting and/or Physical Assault <input type="checkbox"/> Failure or Neglect to Perform Duties <input type="checkbox"/> Lack of Skills for the Job <input type="checkbox"/> Absence/Tardiness Problems: <input type="checkbox"/> Excessive <input type="checkbox"/> Unauthorized <input type="checkbox"/> Unreported <input type="checkbox"/> Improperly Reported <input type="checkbox"/> Failure to Act in a Courteous or Cooperative Manner <input type="checkbox"/> Inappropriate or Unsuitable Job Performance <input type="checkbox"/> Other (Must Explain/Unknown)
--	---	--

Explanation for Separation

SECTION C: REVIEW BY HUMAN RESOURCES (Discharges Only)

Discharge reviewed by _____ in the Human Resources office of Employee Relations.

SECTION D: EMPLOYEE'S COMMENTS (see instructions if more space is required)

SECTION E: SIGNATURES

Supervisor's Signature	Signature of Official Authorized to Remove Employee from Payroll
Employee's Signature	Title
Employee's Signature	Date

SECTION F: REHIRE ELIGIBILITY **FOR HUMAN RESOURCES USE ONLY**

Is employee eligible for rehire at UK? Yes No

Signature: _____

Comments: _____
 (See instructions if more space is needed)