



# SEPARATION NOTICE



To be completed for any employee who will no longer be on UCAR payroll  
Provide to Human Resources prior to employee's separation

## This section to be completed by employee/visitor

**NAME:** \_\_\_\_\_ **DATE OF SEPARATION:** \_\_\_\_\_  
(Last day worked)

**TITLE:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_

**REASON FOR SEPARATION:** (Check as appropriate)

_____ Different Job	_____ Family Health	_____ Misconduct
_____ End of Appointment	_____ Relocation	_____ Performance
_____ Personal (not job related)	_____ Retirement	_____ Reduction in Staff
_____ Graduation		
_____ Other (please explain)	_____	

Comments: \_\_\_\_\_

## INSTRUCTIONS TO PAYROLL:

Please note: A Recovery of Corporate Property form (available from your Division/Program Administrator or in on-line Forms Library) must be received in Payroll before your final check can be issued:

\_\_\_\_\_ Deposit check as usual      \_\_\_\_\_ Send check to: \_\_\_\_\_

Forwarding Address (for W-2 form):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

You may make arrangements for an Exit Interview by contacting the Human Resources Department, ext. 8715.

You remain bound, even after your employment ends, not to disclose or disseminate any confidential information received or accessed by you while employed by UCAR. This obligation applies to protect both confidential information belonging to UCAR as well as confidential information pertaining to any third party.

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## This section to be completed by supervisor and Human Resources

Lab/Div/Prog: \_\_\_\_\_

*Supervisor/Administrator Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*and/or*

*Human Resources Administrator/Manager:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Entered Date: \_\_\_\_\_ Appointment Code: \_\_\_\_\_