CSUDH | TORO AUXILIARY PARTNERS

PERSONNEL SEPARATION/LEAVE FORM

FILL OUT FORM ELECTRONICALLY BEFORE PRINT & SIGNING

EMPLOYEE INFORMATION

_____
Name (print)

Telephone:

_____ _____
Home Work

Employee Type:

◉ Student ○ Faculty ○ Staff

Date Form Completed: _____

Employee ID Number: _____

☐☐☐☐☐☐ ☐☐☐☐
Account Number Object Code

_____
Work Location

_____
Department

SEPARATION INFORMATION

Effective Date: _____

Please select separation type from the following options:

○ Resignation (Attach letter of resignation)
○ Retirement (Attach retirement papers)
◉ Temporary Employment
○ Lay-off (Discuss with Toro Auxiliary Partners CFO - attach explanation)
○ Dismissal (Discuss with Toro Auxiliary Partners CFO - attach explantion)
○ Job Abandonment

LEAVES

*Personal leave of absence is not valid and is not approved until so indicated in writing on this form by Toro Auxiliary Partners Human Resources.

○ Maternity
○ Military
○ Personal
○ Other

Beginning Date: _____ Return Date: _____

Is this leave voluntary?

○ Yes ○ No (If no, attach explanation)

APPROVALS

_____ _____
Supervisor Signature Date

_____ _____
Project Director Signature Date

_____ _____
Authorized HR Representative Signature Date