

SEPARATION/TRANSFER NOTICE

Purpose: To ensure timely reporting of employee separations/transfers from Radford University or between RU departments. PR4, Part A, is completed and routed to HR as soon as a separation/transfer is known. PR4, Part B, Departmental Checklist, is completed to ensure required security, fiscal, and administrative actions are completed and documented by the supervisor/department in conjunction with the separation/transfer. The list of departmental checklist items is not all inclusive and the department may have additional separation/transfer requirements specific to the department.

Banner ID Number		Employee Name		Last	First	Middle Initial
Position Number	Title	Department Name:			Home Org Code (Required):	
Effective Date/Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Budget Information: FOAP:				
Mailing Address (for tax withholding statements)		Work Schedule (If other than M-F/ 8-5)	FOAP for Post-Separation Benefits (Grant Funded Positions only). Unemployment Insurance Benefits Allowed by Grant: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide FOAP to be charged: Leave payouts allowed by Grant <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide FOAP to be charged:			

Attach letter of resignation or termination to the original Separation Notice and forward to Human Resources, Box 6889.

RESIGNATION	RETIREMENT	CLASSIFIED/WAGE TERMINATION
<input type="checkbox"/> Better Job	<input type="checkbox"/> Service Retirement	<input type="checkbox"/> Separation/Layoff
<input type="checkbox"/> Resigned During Probationary Period	<input type="checkbox"/> Disability Retirement	<input type="checkbox"/> Unsatisfactory Probationary Period
<input type="checkbox"/> Leaving Area		<input type="checkbox"/> Disciplinary Action
<input type="checkbox"/> Family Responsibilities	TRANSFER	<input type="checkbox"/> Performance Evaluation Process
<input type="checkbox"/> Education	<input type="checkbox"/> To other Virginia State Agency	
<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> To other RU Department	FACULTY TERMINATIONS
<input type="checkbox"/> Ill Health	Agency/Dept Name:	<input type="checkbox"/> End of temporary appointment
<input type="checkbox"/> Dissatisfied (Explain in Comments Section)	<input type="checkbox"/> To VSDP Long Term Disability	<input type="checkbox"/> Did Not Receive Tenure
<input type="checkbox"/> Military (Attach copy of official military orders)		<input type="checkbox"/> Non-Reappointment
<input type="checkbox"/> Other (Explain in Comments Section)	<input type="checkbox"/> Death	<input type="checkbox"/> Termination for Cause

Comments:

Department/Supervisor Responsibilities:

- Complete PR4 Part B, Departmental Checklist, form must be maintained in departmental files.
- Include a valid mailing address on the *Separation Notice*. **Payroll uses this address for mailing W-2 Income Tax forms.**
- Complete the employee's last **Leave Report** no later than **3 days** after the separation effective date.

Final Leave Report Submitted **NOTE: TEACHING FACULTY Do you request contract pay out?** Yes No

Comments:

Human Resources Use Only

_____ **Annual** _____

_____ **Sick** _____

_____ **Compensatory** _____

PLEASE DEDUCT ALL APPLICABLE HEALTH PREMIUMS.

- Department recommends this employee to be considered for re-employment.
- Department does not recommend this employee for re-employment.

Department/Dean/Director/VP Signature (required)

Date

Sponsored Programs Signature (only if grant funded)

Date

Budget Signature (only if grant funded)

Date

Human Resources Signature

Date