Reset Form

UNIVERSITY OF SOUTH CAROLINA

Notice of Separation

To Be Completed by Department			
USC ID:	Name: (Last, First, Middle)		
Class/Slot:	Title:		Position No.:
Department Name:			Dept. No.:
Last Day Worked:		TERI Participant: Yes ◯ No ◯	
Is the employee a foreign national? Yes ◯ No ◯		Will this position be retained following this separation? Yes ◯ No ◯	
Forwarding Address:			
Forwarding E-mail Address:			

Reason for Separation (Check only one item)

◯	(01) Personal				
◯	(02) Different Job – Same State Agency				
◯	(03) Transfer to Another State Agency	Name of Agency:			
◯	(04) Employed Outside State Gov't	◯	(05) Relocating	◯	(06) Returned to School
◯	(07) Military Service	◯	(08) Full Retirement	◯	(09) Early Retirement
◯	(10) Disability Retirement	◯	(11) Never Reported for Work	◯	(12) Did Not Return from LWOP
◯	(13) Declined Job Offer	◯	(19) Termination/Position Uncovered	◯	(20) End of Temp Contract
◯	(21) Reduction in Force (RIF)	◯	(22) Job Eliminated	◯	(23) Misconduct
◯	(24) Substandard Performance	◯	(25) Failure to Update Credentials	◯	(27) Deceased
◯	(28) RIF Demotion	◯	(29) RIF Reassignment		

Accounting Information

Dept.	Fund	Obj. Class	Analytical	FV	FSO	C	Percent	Amount

Signatures	Dates	Payroll Use Only
Supervisor:		
If grant funded, does this grant allow for annual leave payments? Yes ◯ No ◯		
Employee:		
Salary Administration:		
Payroll:		

To Be Completed by Division of Human Resources/Payroll

Payroll Notes:		
Base Salary:	Supplement:	Total Compensation:
Annual Leave Hours Balance:	Semi-Amount:	Basis:
Sick Leave Hours Balance:	Hours/Week:	OR: $ (+ / -)
Annual Leave Payout Calculation:		