BALDWIN WALLACE COLLEGE
EMPLOYEE SEPARATION REPORT

☐ Monthly ☐ Bi-Weekly

Name _____
Last First Middle

Address _____
Street City State Zip Code

Social Security Number _____ Colleague Number _____

Last Day Worked _____ Vacation Days or Hours to be Paid _____

Reason for Separation

Resigned Voluntarily	Discharged	Miscellaneous
Without notice or reason	Repeated Absenteeism	Refused recall
Accept other work	Excessive Tardiness	Refused suitable work
Illness or injury	Insubordination	Disciplinary suspension
Retirement	Violation of rules	Other
Working Conditions	Unsatisfactory performance	
Leaving the area	Refusal to follow instructions	
Marriage or Domestic obligation	Under influence of alcohol or illegal drugs	
Pregnancy		

Explain reason given above in detail (use reverse side if necessary) _____

_____

_____

_____

_____

Exit interview conducted: ☐ Yes ☐ No

Employee Signature _____

Supervisor Signature _____

Vice President's Signature _____

HR/Payroll Use Only

_____ Full Time _____ Part Time Vacation Balance Paid On _____ Pay Day

_____HR _____ Datatel _____ Org Chart Benefit/Items removed after _____ Pay Day

_____ Life _____ Medical _____ Med. Reimb _____ Disability _____ Pension _____ Salary/Auto pay

_____Dep. Care _____ All Deductions _____ Accrual Code _____ Direct Deposit _____ E eTIME Licenses