

**CASE WESTERN RESERVE UNIVERSITY  
PERSONNEL ACTION FORM**

**EMPLOYEE DATA:** Faculty Staff (circle action to be taken)

- **Voluntary:** RESIGNATION FAILURE TO REPORT TO WORK FOR 3 CONSECUTIVE DAYS WITHOUT NOTICE  
FAILURE TO RETURN FROM LEAVE WITHIN THE TIME  
ALLOWED BY THE LEAVE OF ABSENCE POLICY DECLINING AN OFFER OF EMPLOYMENT WHILE ON INACTIVE STATUS  
RETIREMENT COMPLETION OF WRITTEN NOTIFICATION OF TERM OF EMPLOYMENT
- **Involuntary:** LAYOFF DEATH TERMINATION FOR CAUSE/DISMISSAL END OF THE INACTIVE STATUS PERIOD

NAME \_\_\_\_\_ EMPL. ID. # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street City State Zip

FORWARDING ADDRESS \_\_\_\_\_  
Street City State Zip

OFF CAMPUS EMAIL ADDRESS \_\_\_\_\_ OFF CAMPUS TEL. NO. \_\_\_\_\_

ANNIV. DATE \_\_\_\_\_ ORIG HIRE DATE \_\_\_\_\_

TERMINATION DATE \_\_\_\_\_ TITLE \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

ACCOUNT NO & EXPENSE CLASS \_\_\_\_\_ CASE EXTENSION \_\_\_\_\_

REASON FOR TERMINATION \_\_\_\_\_

\_\_\_\_\_ Attach letter of resignation, memo indication reasons for layoff, or positive corrective action documentation signed by Employee Relations Representative

\_\_\_\_\_ Attach any overtime vouchers, absence deduction notices, and performance management review to be included in final check

Would you consider this employee eligible for re-employment? If not, please state reason

LAST DAY WORKED \_\_\_\_\_ LAST DAY PAID \_\_\_\_\_

\*Final pay will be in the form of a check issued no later than the next normal pay period. It may be picked up at the Records Office on the determined pay date or it will be mailed on the next business day, provided a completed Employee Termination Checklist has been returned to the Records Office, Room 220 Crawford Hall.

**STAFF ONLY:**

TOTAL UNUSED VACATION HOURS \_\_\_\_\_ If lay-off, indicate sick hours balance in case of reinstatement: \_\_\_\_\_

**AUTHORIZATIONS**

PRINT EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT SUPERVISOR NAME \_\_\_\_\_ EXTENSION \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HUMAN RESOURCES SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SEE BACK OF FORM FOR INSTRUCTIONS

## INSTRUCTIONS FOR SUPERVISORS

1. Ask the employee to complete the employee data.
2. Calculate the number of unused vacation hours allowance for which the employee is eligible, including earned time in the current fiscal year. The Benefits Office is available for consultation if there are any questions.
3. **Anniversary Date** refers to the most recent date of hire into either a full or part-time position
4. **Original Hire Date** refers to the first date of hire into either a full or part-time position at CWRU including any breaks in service. Original hire date need only be completed when applicable.
5. **Forward** a copy of this form with attachments (if applicable) to the Records Office, Room 220 Crawford Hall or via fax 368-3096 **immediately** upon knowledge of a dismissal, death, or completion of an appointment; or pending resignation, layoff, or retirement.