



Resignation/Separation Form
Return to: Human Resources

In order to facilitate the appropriate final pay and associated benefits, please complete this form and immediately forward (along with any letters of resignation) to humanresources@csumb.edu. You may also email the form to your respective generalist.

For advice and additional information about the resignation, separation, and clearance process, please call x3389.

To complete an online exit survey, please go to: <https://goo.gl/forms/3pS8Tiaa8uljOQPC3>

SECTION I – TO BE COMPLETED BY EMPLOYEE

1. Employee's Legal Name:		2. Employee Type: Faculty Staff MPP		3. Otter ID:
4. Last Day Physically Worked:		5. Separation Date: (Paid through date)		
6. Forwarding Mailing Address:			7. Forwarding Phone #:	
8. Reason(s) for Leaving: (Please use a separate page, if necessary)				
If you are retiring*, please indicate your retirement date: _____				
*If your resignation is due to retirement, you must initiate the CalPERS retirement application process. Contact Benefits at ext. 4426 to schedule a retirement advising session.				
9. Additional Comments (Optional):				
By signing this form, I, the employee, acknowledge my ongoing responsibility for maintaining the security of protected data. I also understand that I must return all items belonging to the university, as outlined in the clearance process. Clearance requirements can be found at: csumb.edu/hr/clearance-process .				
10. Employee's Signature:			11. Date:	

SECTION II – TO BE COMPLETED BY SUPERVISOR

Supervisor/Director/Dean's Signature Accepting Resignation:		Date Resignation/Separation Notice Accepted:	
Supervisor's Name: (Please print)	Supervisor's Extension:	Department:	

SECTION III – TO BE COMPLETED BY HR

HR Representative:	Date Received:	Date Clearance Process Initiated:
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Additional Comments: