



**Resignation/Separation Form**  
**Return to: University Personnel**

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: **University Personnel - Tide Hall**. Fax to 582-4736 (Faculty) or 582-3572 (Staff & Management). Email to [university\\_personnel@csumb.edu](mailto:university_personnel@csumb.edu).

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/3pS8Ttua8uljOQPC3>

**SECTION I – TO BE COMPLETED BY EMPLOYEE**

<b>1. Employee's Legal Name:</b>		<b>2. Employee Type:</b> Faculty      Staff      MPP		<b>3. Otter ID:</b>	
<b>4. Last Day Physically Worked:</b>			<b>5. Separation Date: (Paid through date)</b>		
<b>6. Do you live in Campus Housing?</b> Yes      No	<b>7. Forwarding Mailing Address</b>			<b>8. Forwarding Phone #:</b>	
<b>9. Reason(s) for Leaving: (Please use a separate page, if necessary)</b>					
<p>If you are retiring*, please indicate your retirement date: _____</p> <p>*If your resignation is due to retirement, you must initiate the CalPERS retirement application process.  <b>Contact Benefits at ext. 4426 to schedule a retirement advising session.</b></p>					
<b>10. Additional Comments (Optional):</b>					

*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/up/clearance-process](http://csumb.edu/up/clearance-process).*

<b>11. Employee's Signature:</b>	<b>12. Date:</b>
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**SECTION II – TO BE COMPLETED BY SUPERVISOR**

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

**SECTION III – TO BE COMPLETED BY UP**

<b>UP Representative:</b>	<b>Date Received:</b>	<b>Date Clearance Process Initiated:</b>
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**Additional Comments:**