

**BRANDEIS UNIVERSITY  
Employee Separation Form**

*To assure that you understand your rights and that the University is in compliance with various federal laws governing the continuance of insurance benefits, it is important that you make an appointment with the Office of Human Resources prior to the end of your employment. To schedule an appointment, non-exempt and union employees should call x4469, exempt employees should call x4468. Prior to this separation interview, please have the appropriate department representative complete the checklist below and bring this sheet with you. Your cooperation is appreciated.*

**EMPLOYEE INFORMATION** (Please Print)

Name : \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Position Title : \_\_\_\_\_ Last day of Employment: \_\_\_\_\_  
Supervisor : \_\_\_\_\_ Length of Service: (years/month) \_\_\_\_\_  
Department : \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
Reason(s) for Separation : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forwarding Address: \_\_\_\_\_

New employer (if any) : \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

*The following section must be completed prior to last day at work:*

**SEPARATION CHECKLIST**

Return keys and other University property	_____ Immediate Supervisor
Return University credit cards and settle unpaid bills	_____ Asst Controller/Sponsored Prog Acctg
Payment of parking fines	_____ Public Safety Representative
Return library cards, library books and pay library fines	_____ Library Representative
Return ID	_____ Human Resources/Employee Relations

**STATUS OF BENEFITS (completed by Human Resources)**

Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Life: \_\_\_\_\_ Disability: \_\_\_\_\_  
Retirement: \_\_\_\_\_ FLEX ACCTS: \_\_\_\_\_ Health: \_\_\_\_\_ Dependent Care: \_\_\_\_\_

\_\_\_\_\_  
Benefits Representative

\_\_\_\_\_  
Date