INSTRUCTIONS FOR SEPARATION
PERSONNEL TRANSACTION REPORTS

All changes in employment status must be completed in every case where there is an employee change in job classification, salary rate, job status or termination. This form must be received by Human Resources - University Enterprises Corporation at CSUSB (“UEC”) Department 4 DAYS PRIOR to the effective date. If you have any questions regarding this form, please contact Human Resources at hr-fdn@csusb.edu or 909-537-7589.

EMPLOYEE LEGAL NAME: Enter employee's legal name (last name, first name, middle initial,). If Employee is currently a CSUSB Faculty member or State Staff employee, you must complete the CSUSB FACULTY & STAFF OVERLOAD Personnel Transaction Report instead of this PTR.

EFFECTIVE DATE: Enter date separation is to occur.

REASON FOR SEPARATION: Check one and indicate if the employee is eligible for rehire. Attach any applicable documentation to the PTR (i.e. resignation letter).

COMMENTS: Use this space for any additional information HR may need as to the reason for the separation.

EMPLOYEE CLASSIFICATION: Check only one.

FUNDING SOURCE: MUST enter all four current funding source numbers Account # / Fund# / Department # / Project # (23 alpha-numeric digits total).

DISTRIBUTION %: Indicate what percentage of time should be attributed to that particular funding source.

PAY RATE: List employee’s monthly, hourly or daily pay rate.

# OF HOURS PER WEEK: List the number of hours per week that the employee was scheduled to work.

WORK LOCATION: Check one. If off-campus, enter location.

THIS POSITION: Check one. This indicates to Human Resources if additional action is required for this position.

UEC JOB TITLE: Print employee’s UEC working job title.

COMMENTS: Use this space to inform the Human Resources of special instructions or information.

DEPT/PROJECT NAME: Please enter the name of the UEC project or department which corresponds with the funding source.

BUDGET PERIOD: Enter the beginning and ending date of the budget period for the department/project. It may be the fiscal year, calendar year, or specific to your project (not to exceed one year).

DIRECTOR/PI: Please print the name, email address and phone number/extension of the department/project Director or Principal Investigator.

CONTACT PERSON: If the project/department has a specific contact person (such as an Administrative Assistant) for Human Resources to use as a primary contact, enter their name, email address and phone number/extension.

SIGNATURES: The following signatures are required: Authorized Signer for the Account (authorized signers cannot sign for their own employment transactions, instead this line should be signed by their direct supervisor), Budget Approval and a Human Resources Representative.