

# 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](mailto: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.