

Personnel Transaction Report (PTR) Separation

All changes in employee 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") 4 DAYS PRIOR to the effective date.** If you have any questions regarding this form, please contact Human Resources.

EMPLOYEE INFORMATION

Legal Last Name	Legal First Name	Middle Initial
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REASON FOR SEPARATION

Effective Date <small>(Review instructions on the back of this form)</small>	<input type="checkbox"/> Professional Development	<input type="checkbox"/> End Temporary Appt	<i>Requires HR Approval</i>
	<input type="checkbox"/> Better Job	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Job Abandonment
	<input type="checkbox"/> Better Pay		<input type="checkbox"/> Layoff
	<input type="checkbox"/> Personal Reasons		<input type="checkbox"/> Dismissal
	<input type="checkbox"/> Dissatisfaction with Job		<input type="checkbox"/> Fail Rtn from Leave
Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No - Comments Required			<input type="checkbox"/> Separation by Agency

Comments:

Employee Classification <i>Benefited Employee</i> <input type="checkbox"/> MP * <input type="checkbox"/> Staff Exempt * <input type="checkbox"/> Staff - <i>Benefited</i> (20-40 hrs/wk) <small>*HR approval required</small>	<i>Non-Benefited, Non-Exempt Employee</i> Variable Hour Employee <input type="checkbox"/> Staff - (19 or less hrs/wk) <input type="checkbox"/> Student - (20 hrs/wk see guidelines) <input type="checkbox"/> Interim * - (<25 hrs - 90 days max) <small># of days: _____ End Date: _____</small>	Temporary Employee * (30+ hrs/wk) <input type="checkbox"/> One Pay Period Only <input type="checkbox"/> Emergency Appt (12 wks or less) <small># of weeks: _____ End Date: _____</small>
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FUNDING SOURCE AND DISTRIBUTION INFORMATION

	Account #	Fund #	Department #	Project #	Distribution %
Current					

Add'l Funding Source Information:

JOB INFORMATION

Pay Rate Monthly: _____ Hourly: _____ Daily: _____	Hours/Week _____	Work Location <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus Location: _____	This Position: <input type="checkbox"/> Live Scanned by UEC <small>(HR to send "No Longer Interested" to LiveScan)</small>
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UEC Job Title: Req. _____

Comments:

DEPARTMENT AND CONTACT INFORMATION

Dept/Project Name: _____	Director/PI: (please print) _____ Email: _____ Phone: _____
Budget Period: (Not to exceed one year) From: _____ To: _____	Contact Person: (please print) _____ Email: _____ Phone: _____

EMPLOYMENT AUTHORIZATON

TRANSACTION IS NOT OFFICIAL WITHOUT ALL REQUIRED SIGNATURES AND FINAL HR APPROVAL

Authorized Signer: _____	Date: _____	HR: _____ Date: _____
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HR only: PSID: _____ EmpRec: _____
 Distribution: Original: HR Copy: Payroll Copy: Employee Copy: Department