

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	<input type="checkbox"/> Professional Development <input type="checkbox"/> Other (describe): _____	<i>Requires HR Approval</i>
(Review instructions page)	<input type="checkbox"/> Better Job/Pay	<input type="checkbox"/> Job Abandonment
	<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Layoff
	<input type="checkbox"/> Dissatisfaction with Job	<input type="checkbox"/> Dismissal
	<input type="checkbox"/> End Temporary Appt	<input type="checkbox"/> Fail Rtn from Leave
Last Day Worked (If Known)	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No - Comments Required	<input type="checkbox"/> Separation by Agency

Comments:

Employee Classification	<i>Non-Benefited, Non-Exempt Employee</i>
Benefited Employee <input type="checkbox"/> MP * <input type="checkbox"/> Staff Exempt * <input type="checkbox"/> Staff - Benefited (20-40 hrs/wk) <small>*HR approval required</small>	Variable Hour Employee <input type="checkbox"/> Staff (19 or less hrs/wk) <input type="checkbox"/> Undergrad Student (20 hrs/wk) <input type="checkbox"/> Grad Student (20 hrs/wk) <small>(See student guidelines & salary guidelines)</small>
	Temporary Employee (dates below) <input type="checkbox"/> Interim (<25 hrs - 90 days max) * <input type="checkbox"/> Emergency Appt (12 wks or less) * # of days/wks: _____ End Date: _____

FUNDING SOURCE AND DISTRIBUTION INFORMATION

	Account #	Fund #	Department #	Project #	Distribution %
Current					

Add'l Funding Source Information:

JOB INFORMATION

Pay Rate Monthly: _____ Hourly: _____	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: _____

	Base	Add'l	All
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DEPARTMENT AND CONTACT INFORMATION

Dept/Project Name: _____	Director/PI: (please print) _____ Email: _____ Phone: _____
Budget Period: (Not to exceed contract period) 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: _____ Sep Docs: _____ Date: _____
HR only: CoyoteID: _____ UEC ID: _____ Copy: Payroll Date: _____ By: _____ <input type="checkbox"/> Benefits <input type="checkbox"/> CalPERS	