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**SEPARATION OF EMPLOYMENT NOTICE**

To: myWSU ID:

Position: Date:

From:

**Situation:**

*Describe current situation leading to separation of**employment)*

**Employee Expectation(s) not met:**

*(Describe unmet expectations; remove this section if not applicable)*

**Previous action taken to resolve this:**

*List all incidences, including dates, during which the unmet expectation(s) has been discussed previously. This may include previous steps of corrective action, performance evaluations, etc. remove this section if not applicable.)*

Eligible for Rehire: [ ]  Yes [ ]  No

**Additional Information:**

* This document will be placed in your employee file.
* The Employee Assistance Program is available to employees for six months from the separation date 888-275-1205 (option 2); 800-679-0353 (TDD) or [www.guidanceresources.com](http://www.guidanceresources.com)
* The Work number is available for employment/income verification 800-660-3399 (Code: 11813) or [www.theworknumber.com](http://www.theworknumber.com)
* The Kansas Department of Administration in Topeka issues W-2’s. W-2’s can be viewed/printed online or requested by mail through state employee service center 866-999-3001 or <http://admin.ks.gov/offices/personnel-services/ssc>
* Network and systems access will be removed on the last day worked.
* Mail will be forwarded to address on file for 30 days. Mail addressed to the Employee after 30 days will be returned to sender or discarded. The Employee must make mail forwarding/change of address arrangements with the US Post Office.
* Unemployment insurance benefits may be available to you upon separation.
* Additional information about unemployment insurance benefits and whether you qualify, visit the Kansas Department of Labor, Benefits Website, [www.getkansasbenefits.gov](http://www.getkansasbenefits.gov).

**Employee Comments:**

**My signature confirms receipt and review of this document. Refusal to sign does not void the action.**

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**Employee Signature** **Date**

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**Employee Printed Name** **WSU ID**

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**Leader Signature** **Date**

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**Leader Printed Name** **WSU ID**

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**HRBP Signature** **Date**

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**HRBP Printed Name** **WSU ID**