

PART I – TO BE COMPLETED BY PROGRAM				
Name: Last	First	MI	SSN (Last 4 Digits) XXX-XX-	Position Number
Last Date Worked	Separation Date	Program Contact		Program Contact Phone
Program Code			Send final check to (Street Address, City, State, Zip):	
SEASONAL EMPLOYEE				
<input type="checkbox"/> Resignation (Attach copy of Resignation Letter)		<input type="checkbox"/> Transfer		
<input type="checkbox"/> Season Ended / No Work Available		<input type="checkbox"/> 189 Day Limit Reached		
<input type="checkbox"/> Other - On file with Human Resources				
PERMANENT EMPLOYEE				
<input type="checkbox"/> Resignation (Attach copy of Resignation Letter)		<input type="checkbox"/> Lay Off		<input type="checkbox"/> Transfer
<input type="checkbox"/> Retirement		<input type="checkbox"/> Other - On file with Human Resources		
<input type="checkbox"/> Check if lump sum is to be paid out of the position.				
Check ALL Applicable Items:				
<input type="checkbox"/> Designated Filers - Notify Division's Filing Official to Electronically file Leaving Office - Form 700				
<input type="checkbox"/> Identification badge returned to Building Property Management Unit on: _____(date)				
<input type="checkbox"/> Key card access deactivated on: _____(date)				
<input type="checkbox"/> Voyager card returned to Fleet on: _____(date)				
<input type="checkbox"/> All State property returned to Supervisor				
<input type="checkbox"/> P-Card canceled on: _____(date)				
<input type="checkbox"/> Citibank Card returned to FSB on: _____(date)				
<input type="checkbox"/> Travel Expense Claims submitted to Financial Services Branch				
<input type="checkbox"/> Exit Interview, SO-9, sent to Equal Employment Opportunity office				
<input type="checkbox"/> Connect Card removed from our department account on: _____ (date)				
<input type="checkbox"/> OITS Service Desk notified to delete employee's account(s) (Ticket No. _____)				
<input type="checkbox"/> Cell phone returned to OITS Telecommunications on: _____(date)				
<input type="checkbox"/> Absence & Additional Time Worked Report, Form STD. 634, attached				
<input type="checkbox"/> Other: _____				
Supervisor's Signature			Print Name / Title	
			Date	

Submit to: CDFA.HRB_Separations@cdfa.ca.gov
 Original: Human Resources Branch
 Copy: Financial Services Branch @ CDFA.HRB_Separations@cdfa.ca.gov
 Copy: Office of Information Technology Services CDFA.ServiceDesk@cdfa.ca.gov
 Copy: Program

Name: Last _____	First _____	MI _____	SSN (Last 4 Digits) XXX-XX- _____
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PART II – FOR DISTRICT AGRICULTURAL ASSOCIATION (DAA) USE ONLY

Employee leave balances at time of separation:

Sick Leave _____	CTO _____	Personal Leave _____
Vacation _____	Holiday Credits _____	Excess Hours _____
Annual Leave _____	Personal Holiday _____	Furlough Hours _____

Vacation/Annual Leave Accrual Rate _____ State Service Months at time of separation _____

****ATTACH A COPY OF THE LEAVE CARD****

PART III – FOR FINANCIAL SERVICES BRANCH USE ONLY

ACCOUNTS RECEIVABLE

<p><u>Accounts Receivable</u></p> <p>Jury Fees _____</p> <p>Payroll _____</p> <p>Total Due _____</p> <p>Verified by: _____ Date: _____</p>	<p><u>Revolving Fund</u></p> <p>Outstanding Salary Advance _____</p> <p>Outstanding Travel Advance _____</p> <p>Outstanding Training Advance _____</p> <p>Citibank Card Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Outstanding P-Card Statement(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Verified by: _____ Date: _____</p>
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PART IV – FOR HUMAN RESOURCES BRANCH USE ONLY

Worker's Compensation:

Outstanding Balance Yes – Balance Due _____ No

Verified by: _____ Date: _____

Lump Sum Paid Through Date _____ Copy to Position Control Not Applicable
 (If paid from position) Copy to CAU (Permanent Employees Only)