

**OSU INSTITUTE OF TECHNOLOGY
SEPARATION NOTICE**

Salary
 Hourly
 Federal Work Study
 Institutional Work Study

Resignation
 Dismissal
 Retirement
 Death
 End of assignment

NAME _____

CWID # _____

POSITION _____

DEPARTMENT NAME _____

FORWARDING ADDRESS _____
Street City State Zip-code

CLOSING HOUR OF ACTUAL SERVICE _____
 AM
 PM
Month Day Year

EARNED LEAVE DUE AL _____ HOURS
 SL _____ HOURS
 CT _____ HOURS

EFFECTIVE DATE _____
Paid Through

	<u>RATING SCALE</u>
Knowledge of Job	Exceptional 4
Accuracy in Essential Skills of Job	
Speed in Essential Skills of Job	Good 3
Health	
Dependability	Fair 2
Initiative	
Adaptability	Poor 1
Cooperativeness	
Resourcefulness	
Judgment	
Appearance	

Would you rehire this employee? Yes No

If no, state reasons _____

Comments: _____

Is a letter of resignation or statement attached? Yes No

If not, explain why. _____

 Head of Department Date