

Notification of Change in Status (Resignation, Retirement, or Transfer)

Employee Name	WIN		
First	Last		
Cell/home phone number _	Personal email address		
Position Title	Position #		
Department Name	Supervisor Name		
Last Day of Employment	Month Day Year	Select one Sta	ff Faculty Studen
NOTE: Check with Huma	an Resources for the appropri	ate separation date due to payroll	and/or benefit processing timelines
This employment action re	presents (please check one):		
Separation of all employme	ent at Washburn (Resig	gnation letter may be attached to the	his form.)
Separation of the following position(s) only:		Additional Comments:	
Position Title	Position Number		
Reason for Change in Statu	as: (Please enter co	ode from list below.)	
Change in Status Codes			
AB Left work, no notice DI Disability	GR Non-renewal of Grant MO Relocation from Area	NR Non-renewal of Contract PB Probationary Termination	RS Resigned SC Returned to School
DM Demotion	NR Non-renewal of Contract	PE Personal (Family/Health)	ST Student Employee Not Enrolled
GD Graduation	OE Other employment	PR Promotion	TE Temporary Employment
GM Gross Misconduct TR Terminated by University	OR Other	RE Regular Retirement	TF Transfer
Employee Signature	Date	Supervisor Signature	Date

Notice to Separating Employee: Human Resources welcomes feedback or discussion related to your employment at Washburn University through the exit interview process. If you would like to schedule an exit interview with a Human Resources representative, please contact HR at (785) 670-1538 or human-resources@washburn.edu.