

THE UNIVERSITY OF TEXAS SYSTEM EMPLOYEE SEPARATION FORM

(USE REVERSE SIDE OF THIS FORM TO FACILITATE PREPARATION)

EXHIBIT D8 (Page 1)

LAST (Type or Print Employee's Name)	FIRST	MIDDLE	Social Security No.	Job Title
Address & Tel. No. Where Employee May be Reached After Separation			Last Day Worked	Date of Separation from Payroll

EMPLOYEE'S STATEMENT

PLEASE CHECK THE APPROPRIATE BOXES.

I am leaving employment:
 VOLUNTARILY, through my own choice 1]
 INVOLUNTARILY, through no choice of my own 2]

Would you accept other suitable employment at this point? 3] 4]
 Do you plan to return to University of Texas employment? 5] 6]
 If YES, state probable date of return _____
 CONTRIBUTION TO SICK LEAVE POOL:
 Do you wish to contribute to the sick leave pool? 7] 8]
 If yes, specify amount up to 3 days _____

ALSO, PLEASE WRITE IN YOUR OWN WORDS YOUR REASONS FOR LEAVING, showing the most important reason first (For a list of usual reasons, please refer to USUAL REASONS AND CODES, on the back of this form)

Employee's Signature

Supervisor's or Witness's Signature

SUPERVISOR'S STATEMENT

UNDER "REASON CATEGORY" below, please CHECK ONLY THE PRIMARY REASON-FOR-LEAVING CATEGORY in one of three boxes provided (Voluntary, Involuntary Discharge).

UNDER "CODES, REASONS AND REMARKS" state the SPECIFIC REASONS why this employee is leaving, after reviewing the USUAL REASONS AND CODES on the BACK OF THIS FORM. Where possible, enter an appropriate code number beside each specific reason given. Ordinarily the USUAL REASONS AND CODES for leaving for a given employee will be in the same code series as the primary REASON CATEGORY. However, ALL REASONS WHICH CAUSED OR INFLUENCED SEPARATION SHOULD BE SHOWN under the code series in which they appear. PROVIDE ALL DETAILS NECESSARY TO CONVEY THE REAL REASONS FOR SEPARATION, ATTACHING ADDITIONAL COMMENTS TO THE FORM IF NEEDED.

UNDER "EMPLOYEE STATUS" Section, enter ALL INFORMATION WHICH APPLIES opposite the appropriate Status Categories, and assign appropriate code numbers after reviewing the STATUS CODES ON THE BACK OF THE FORM.

REASON CATEGORY

VOLUNTARY CODES, REASONS AND REMARKS:
 [100 Series]

INVOLUNTARY CODES, REASONS AND REMARKS:
 (Other than Discharge)
 [200 Series]

DISCHARGE CODES, REASONS AND REMARKS:
 [300 Series]

EMPLOYEE STATUS

STATUS CATEGORY CODES, REASONS AND REMARKS:
 [400 Series]

LEAVE: _____
 ACADEMIC: _____
 EMPLOYMENT: _____
 OTHER INCOME DUE: _____

Component Institution and Department Typed/printed Name and Title Signature of Supervisor Date

DISTRIBUTION OF COPIES: 1. Personnel Office (original) 2. Department 3. Supervisor 4. Employee

Five basic steps should be followed in completing the front of this form:

1. Supervisor completes employee identification section at the top of the form.
2. Employee completes Employee's Statement Section and signs it. If possible, the supervisor or a witness (in supervisor's absence) should witness and sign.
3. Supervisor completes Supervisor's Statement Section.
4. Supervisor completes Employee Status Section.
5. Supervisor enters the name of department and institution, title and date. Supervisor then signs the form and makes distribution of copies, giving the employee a copy. The original should accompany the final personnel transaction form to the Personnel Office. The remaining copies are for the Department and Supervisor's records.

USUAL REASONS AND CODES
(Frequently used reasons are capitalized)

VOLUNTARY—100 Series

LEFT WITHOUT NOTICE	101				
SCHOOL CONNECTED		DOMESTIC		JOB CONNECTED	
SCHOOL-CONNECTED INTER-SEMESTER LEAVE	102	Marriage	107	Working conditions	113
LEAVING SCHOOL	103	Care for family	108	Inadequate salary	114
ENTER SCHOOL OR INCREASE SEMESTER HOURS	104	BE WITH SPOUSE AT OTHER LOCATION	109	Conflict with supervisor	115
		Pregnancy	110	Conflict with co-workers	116
		Moving	120	Unhappy here	117
OTHER EMPLOYMENT				Transportation difficulties	118
ACCEPT OTHER POSITION	105	MILITARY	111		
Need more hours of work—Position only temporary or part-time	106	HEALTH		MISCELLANEOUS	
Self-employment	119	Ill health	112	RETIREMENT	121
				Other—describe	122

INVOLUNTARY (Other than Discharge)—200 Series

LAYOFF		LEGAL—other than misconduct		U.T. RULES	
SEASONAL LAYOFF—show date of return	202	FEDERAL OR STATE LAW (military, health)	205	Retirement	207
FUNDS TERMINATED OR PROJECT COMPLETED	203			Nepotism due to marriage or job transfer	208
Performance insufficient for standards of job, but no regard of rules or misconduct	204	PHYSICAL		MISCELLANEOUS	
		Physical or mental inability, handicap, ill health or injury (natural inability—not willful)	206	Other—describe	209

DISCHARGE—300 Series

LEFT WITHOUT NOTICE	301	Under influence of alcohol on the job	308	ABSENCE	
MISCONDUCT		Under influence of drugs on the job	309	ABSENTEEISM	317
DISREGARD OF INTERESTS OF OTHERS (fire, safety, sanitation, health)	302	Possession of weapon, narcotics, alcohol	310	TARDINESS	318
Disruptive—blocking classroom or work areas	303	Assault	311	MISCELLANEOUS	
Destructive activity	304	Dishonesty	312	REFUSAL TO WORK NEEDED HOURS OR SHIFTS	319
Insubordination—promoting employee discontent	305	Theft or misuse of property	313	Other violation of law, rules, standards—describe	320
Conflict with supervisor	306	Falsification of job application	314		
Conflict with co-workers	307	INEFFICIENCY, OR WORK CARELESSNESS (WILLFUL)	315		
		FAILURE TO PERFORM ASSIGNED DUTIES OR FOLLOW INSTRUCTIONS	316		

STATUS CODES—400 Series

LEAVE		REEMPLOYMENT		Other disability benefits	434
<i>without pay between semesters or contracts for:</i>		Recommended	420	Social Security Retirement Benefits	435
INSTRUCTIONAL	401	Not Recommended	421	Teacher Retirement or Optional Retirement	436
RESEARCH	402	Offered	422	Old Age Benefits	437
PRINCIPAL ADMINISTRATIVE	403	Refused	423	Wages from partial employment	438
OTHER LEAVE—DESCRIBE	404	Conditional	424	Scholarship or Fellowship	439
ACADEMIC		OTHER INCOME DUE		Other—describe	440
STUDENT	410	Vacation	430		
STUDENT NURSE	411	Overtime	431		
STUDENT INTERN	412	Other separation pay adjustments	432		
		Workers' Compensation	433		