

# EMPLOYEE SEPARATION REPORT

**Freedom of Information and Protection of Privacy Act**

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Public Service Act*. Questions about the collection or use of this information can be directed to the Manager, Information and Privacy. (250) 387-5405, Information Systems Branch, 595 Pandora Victoria, V8X 9C3.

**Instructions:**

- This form **must** be completed when an employee is retiring, permanently transferring within the ministry or to another ministry, or having their employment terminated.
- Supervisor:** Complete this report, in consultation with the employee, and sign. If the employee is unavailable, indicate the circumstance in the signature block "G".

- Employee:** Discuss each section with your supervisor and sign the completed form. You may request a copy.
- Changes:** Changes to the form must be initialed by all parties.
- Forward completed form to Human Resource Branch (HRB).
- Supplies of this form are available online at :<http://www.internal.for.gov.bc.ca/isb/planning/forms/index.htm>
- Please **type or print clearly**.

A. PERSONAL INFORMATION			
SURNAME	FIRST NAME AND INITIAL	DEPT. I.D. <b>50</b>	EMPLOYEE ID.
POSITION TITLE	CLASSIFICATION CODE	POSITION NO.	
DIVISION / BRANCH	OFFICE LOCATION - CITY	DATE ENTERED SERVICE	
APPLICABLE AGREEMENT	STATUS	LAST DAY OF WORK	
<input type="checkbox"/> BCGEU <input type="checkbox"/> SCHEDULE A <input type="checkbox"/> LIMITED (Under 60 days)	<input type="checkbox"/> REGULAR <input type="checkbox"/> AUXILIARY <input type="checkbox"/> STAT (Under 60 days)	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
<input type="checkbox"/> MGMT. EXCL. <input type="checkbox"/> PEA <input type="checkbox"/> OIC		Y      M      D Y      M      D	
EMPLOYEE'S FORWARDING ADDRESS (HOME) - REQUIRED FOR T4 SLIPS AND/OR RECORD OF EMPLOYMENT		SIN	
		POSTAL CODE	HOME PHONE NO.

**B. REASON FOR SEPARATION – Supervisor: Check one only.**
**TERMINATED (TER)**

- Death (DEA)
- Discharge (DSC)
- Care For / Raise Family (FAM) \*
- Job Abandonment (JOB)
- Job Finished (JOF)
- LTD Separation (LTD)
- Failure To Return From Leave (LVE)
- Other (OTH) Specify: \_\_\_\_\_
- Resignation – Other Position (OTP) \*
- Rejection On Probation (REJ)
- Resignation (RES) \*
- Return To School (RET)
- Coop Term Completed (CTC)

**RETIRED (RET)**

- Retired (RET)
- Early Retirement (ERT)

**TRANSFER (XFR)**

- Employee Request (EER)
- Excluded Placement Program (EPP)
- Lateral Transfer (LAT)
- Priority Placement (PRI)
- Won Competition (CMP)
- Reorganization (REO)
- Demotion (DEM)

Forward file to: \_\_\_\_\_

**LAYOFF (LOF)**

- Job finished on recall list (Lay)
- BCGEU < 3 yrs (132)
- BCGEU > 3 yrs (133)
- PEA < 3 yrs (372)
- PEA > 3 yrs (373)

\* Attach a resignation letter.

**C. ADVANCES/CREDIT CARD CHECK LIST – Supervisor: Identify applicable items and notify Accounts of any outstanding advances.**

			Yes	No	N/A
Temporary Travel Advance	\$ _____	American Express Corporate Travel Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation Assistance	\$ _____	Purchasing Card (VISA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petty Cash Advance	\$ _____	BC Ferries Travel Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Advance	\$ _____	Other – specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – specify: _____	\$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please continue on reverse**

**D. POLICY AND BENEFITS CHECK LIST** – Supervisor: Discuss the following policies with the employee (contact Human Resource Branch for further information).

	Yes	No	N/A
1. Have rehiring policies been discussed (e.g. service credit on selection competitions; layoff/recall policies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have pension policies been discussed (e.g. the effect of the withdrawal of superannuation funds)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you are contributing to Superannuation, attach a completed Superannuation Termination Notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has bridging of service leave policies been discussed (e.g. to raise a family)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have employee benefit plans been discussed? (ie. layoff/termination forms completed.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you received a Medical Services Plan Coverage Continuation Kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has repayment of maternity\parental benefits been discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. MINISTRY PROPERTY ON LOAN CHECK LIST** – Supervisor: Indicate which items have been issued and returned.

ISSUED	RETURNED		ISSUED	RETURNED	
	Yes	No		Yes	No
<input type="checkbox"/> Annual Bus Pass (must be returned to Payroll Office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Library books	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keys (to bldg, desk, bike facil, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tools	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Building access card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Office equipment at home (modem, computer, fax, printer, software)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ministry I.D. card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other – specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Taxi credit card/voucher book	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Cellular/Cordless phone	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Pager	<input type="checkbox"/>	<input type="checkbox"/>			

**F. COMPUTER SYSTEMS ACCESS CHECK LIST** – Supervisor: Identify systems the employee currently has access to, provide user I.D.s and effective date to delete user access. Notify IMG to terminate access to the following.

EFFECTIVE DATE TO DELETE USER ACCESS	Y M D	DATE IMG NOTIFIED	Y M D
	_____		_____
SYSTEM NAME	USER I.D.	SYSTEM NAME	USER I.D.
<input type="checkbox"/> E-Mail _____	_____	<input type="checkbox"/> CHIPS _____	_____
<input type="checkbox"/> Internet _____	_____	<input type="checkbox"/> Span Dial _____	_____
<input type="checkbox"/> CAS _____	_____	<input type="checkbox"/> Other systems (e.g., LAN) _____	_____
<input type="checkbox"/> BCSC MVS _____	_____		

**G. SIGNATURES**

EMPLOYEE SIGNATURE	PRINT NAME	WORK PHONE NO.	DATE SIGNED Y M D
SUPERVISOR SIGNATURE	PRINT NAME	WORK PHONE NO.	DATE SIGNED Y M D
HUMAN RESOURCE OFFICER SIGNATURE – This form has been reviewed and issues/concerns have been resolved.	PRINT NAME	WORK PHONE NO.	DATE SIGNED Y M D