



EMPLOYEE SEPARATION FORM
Creighton University

Name of Employee _____ Employee # _____

Job Title _____ Clinic/Department _____

Reason for Leaving:

Resignation Date (last day of employment) _____/_____/_____

My Forwarding Address
(Please list the address where your W-2 can be sent at the end of the year)

Street Address _____

City _____ State _____ Zip _____

Phone # _____ Email Address _____

Before my last day employment, I understand that I will need to contact the Human Resources office at 280-2709 to schedule an exit interview.

On my last day, I will return my ID badge, keys and any other Creighton University property to my direct supervisor.

Employee Signature _____ Date _____

Supervisor Signature (required) _____ Date _____

Return Completed Form to Human Resources and complete an EAF terminating this employee from Creighton University.

C: Human Resources; Employee File