

WESTERN CAROLINA UNIVERSITY  
**Personnel Action Request**  
Separation/LWOP Notice For SPA Employees

**A. FROM:**

Department: \_\_\_\_\_ Employee: \_\_\_\_\_  
92 #: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Pos. No.: \_\_\_\_\_

**B. NOTICE OF SEPARATION:**

Last Date Worked: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resignation Letter Attached: YES NO  
Final Timesheet Submitted or Attached

**If this person quit, tell why he/she quit if reason is known. If discharged (fired), be specific in telling why and what happened. If employee violated work rules, was he/she made aware of the rules and if so, how? Attach additional sheet with explanation.**

NOTE: A copy of the employee's resignation memo request must be attached to this Separation Notice for the Office of Human Resources. The memo of resignation should state whether or not any earned but unused vacation leave is to be exhausted before the actual last day of work. No replacement can be made until this memo of resignation is received.

**C. NOTICE OF LWOP:**

Last Date Worked: \_\_\_\_\_ Leave Balances:  
Reason for Request: \_\_\_\_\_ Exhaust (if applicable):  
\_\_\_\_\_  
Duration: \_\_\_\_\_ mos. Vacation: \_\_\_\_\_ hrs. Sick: \_\_\_\_\_ hrs.  
Anticipated Date of Return: \_\_\_\_\_ Retain (if applicable):  
Vacation: \_\_\_\_\_ hrs. Sick: \_\_\_\_\_ hrs.

A copy of the employee's LWOP memo request must be attached to this form. No temporary replacement appointment can be made until this LWOP memo is received.

**D. Approvals:**

\_\_\_\_\_  
Administrator's Signature Date Supervisor Print Name  
\_\_\_\_\_  
Supervisor Signature Date  
\_\_\_\_\_  
Supervisor 92#