

**CUTOVER**  
**Separation Payment**  
**UCSB**  
**Business & Financial Services - Payroll Division**  
**Fax Number 805-893-8682**

**To:** (check one box)

- Student Payroll Anne Turley, A-Z**  
Ext. 3654    Email address: Anne.Turley@bfs.ucsb.edu
- Staff and Faculty Payroll (Lissett Young, A-L)**  
Ext. 3792    Email address: Lissett.Gonzales@bfs.ucsb.edu
- Staff and Faculty Payroll (Isaias Loya, M-Z)**  
Ext. 8513    Email address: Isaias.Loya@bfs.ucsb.edu

**From:**

\_\_\_\_\_ Name of Preparer  
 \_\_\_\_\_ Department  
 \_\_\_\_\_ Extension

**This form must be used for processing:** (check one)

- Employee who is discharged
- Appointment/Contract expired
- Employee who quits voluntarily and gave notice
- Employee who quits voluntarily and did not give notice  
(Job Abandonment)

Date discharged: \_\_\_\_\_

Date of notice: \_\_\_\_\_

Date of discovery: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ ID# \_\_\_\_\_  
Last                      First                      Middle Initial

Date of Separation \_\_\_\_\_

Regular Hours or % to be paid \_\_\_\_\_

OTS Hours to be paid \_\_\_\_\_

OTP Hours to be paid \_\_\_\_\_

CMP Hours to be paid \_\_\_\_\_

Rate of pay: \_\_\_\_\_ Monthly or Hourly \_\_\_\_\_

Account(s) to be charged (optional): \_\_\_\_\_ Distribution # \_\_\_\_\_

Usage: Sick (by day & hours) \_\_\_\_\_ Distribution # \_\_\_\_\_

Vacation (by day & hours) \_\_\_\_\_

Additional termination pay (flat amount): \_\_\_\_\_

Additional termination pay (% and rate): \_\_\_\_\_

**Check will be distributed via current disposition at time of final pay is issued, either direct deposit or paper check**

\_\_\_\_\_ **Authorized Signature (required)**                      \_\_\_\_\_ **Date**