

**Separation Payment (72 Hour Check)**  
**UCSB**  
**Business & Financial Services - Payroll Division**  
**Fax Number 805-893-8682**

**To:** (check one box)

- Student Payroll (A-Z)  
Ext. 3654 Email address: Shannon.Jackson@bfs.ucsb.edu
- Staff and Faculty Payroll (Lissett Gonzales, 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

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

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

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

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

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

\_\_\_\_\_ Distribution # \_\_\_\_\_

Vacation Accrual Hours: (TRM) \_\_\_\_\_

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

\_\_\_\_\_ Distribution # \_\_\_\_\_

Compensatory Time: (CMP), Overtime: (OTP/OTS)

CMP	OTS	OTP
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Account(s) to be charged: \_\_\_\_\_ Distribution # \_\_\_\_\_

\_\_\_\_\_ Distribution # \_\_\_\_\_

**Check Handling:**

- Department Pick Up in Accounting Office
- Employee Pick Up In Accounting Office
- Mail (please provide address) \_\_\_\_\_

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

- Employee who is discharged Date discharged: \_\_\_\_\_
- Employee who quits voluntarily and gave notice Date of notice: \_\_\_\_\_
- Appointment/Contract expired
- Employee who quits voluntarily and did not give notice (Job Abandonment) Date of discovery: \_\_\_\_\_

**Department Check List: (do the following)**

- Fax information to appropriate staff listed above
- If exception paid employee, please change the time code from "R" to "Z"
- Do Separation bundle and attach "Separation" IDOC

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