

**OKLAHOMA STATE UNIVERSITY
FACILITIES MANAGEMENT**



Discontinuance Form

Employee Name: _____

Department: _____

CWID: _____

Job Title: _____

Position #: _____

Separation Date: _____

Last Day Worked: _____

Present Position Questionnaire is accurate?	Yes	No
Recruitment should start filing for position?	Yes	No
Internal recruitment necessary?	Yes	No
External recruitment necessary?	Yes	No
Campus department transfer?	Yes	No
*For EPAF processing purposes		

If newspaper advertising is desired, please list newspapers and dates for ad to run.

Resignation:

- | | | |
|-----------------------------|---------------------------------|-----------------------------------|
| 110-Accept other employment | 115-Personal reasons | 118-Mutually satisfactory release |
| 111-Job dissatisfaction | 116-Poor health | 119-Moving to new location |
| 113-Attend school full time | 117-Resignation while on layoff | |

Involuntary separation:

- | | | |
|--------------------------------------|---|--------------------------------------|
| 230-Abandoned position | 235-Physical or mental impairment | 250-Not in compliance w/ OK statutes |
| 232-Chronic absenteeism or tardiness | 236-Involuntary-other | 351-End of Assignment |
| 233-Expired layoff rights | 237-Dismissed for cause | 983-Credentials revoked or denied |
| 234-Unsatisfactory performance | 239-Dismissed due to reduction in staff | |

Other:

- | | |
|-----------|--|
| 510-Death | 460-Regular retirement or with OSU Retirement benefits |
|-----------|--|

Transferred or Promoted to _____

Asst. Supervisor/Supervisor: _____

Date: _____

Manager: _____

Date: _____

Director : _____

Date: _____

Chief Facilities Officer : _____

Date: _____