

# SEPARATION REPORT



## CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF HUMAN RESOURCES

INSTRUCTIONS: Please complete the Separation Report to:

1. Document internal departmental processes. Please **do not** send to DHR.- exceptions follow.
2. Document that the separation **is not** a complete separation from City service. Please attach completed Separation Report along with the AP ESR to DHR.
3. To process a layoff action. Please **send** to the DHR- attn.: Layoff Coordinator.
4. To administer a settlement agreement involving a separation action. Please send copy of settlement agreement and related documentation to DHR- attn.: Client Services Rep (ref. TER\_RZA)\*

Date of Request: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION I: PERSONAL AND JOB INFORMATION

Name (Last, First, M.I.): \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

Job Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Empl. Class: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Is the employee serving a probationary period at the time of the separation?  Yes  No

Is this a complete separation from City and County Service?  Yes  No

If no, continuing in:

Department Code: \_\_\_\_\_ Status: \_\_\_\_\_ Job Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is employee granted leave pursuant to Civil Service Rule 120.31?  Yes  No

If no, is employee a transfer?  No  Yes, type of Transfer: \_\_\_\_\_

### SECTION II: SEPARATION INFORMATION

Resignation

Satisfactory Services (TER\_RSS)

Unsatisfactory Services (TER\_RUS)  
(Form DHR 1-13 must be on file)

By the appointee: I hereby freely and voluntarily resign from the above position. I request approval of this resignation as of the effective date with the full understanding that once approved, I may acquire another position in this class only as provided in the rules of the Civil Service Commission (see employee copy and CSC Rules 114&119).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Lay-off

Involuntary Leave (PCS\_LIL)

Elective Involuntary Leave (PCS\_EIL)

Involuntary Lay-off (PCS\_LIO)

Voluntary Lay-off (PCS\_LVO)

(PV & EX Only):

Reason for lay-off:

Employee acknowledges receipt of the DHR information leaflet.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# SEPARATION REPORT

## DEPARTMENT USE ONLY

Termination

Settlement Agreement (TER\_RZA)

\*(Separation Report and Settlement Agreement must be forwarded to Client Services Rep.)

Release from appointment:

Release from probation:

Dismissal:

Terminated for cause (TFC) (TPV,NCS, & Exempts only)

Automatic Resignation (ARS)

Never Reported to Work (DSH)

Death of an employee (DEA)

Other (Specify): \_\_\_\_\_

Retirement:

## DEPARTMENT CERTIFICATION

*The Appointing Officer/Authorized Designee named below hereby certifies that the information provided on this Separation Report is accurate, complete, and in compliance with applicable CCSF rules and policies.*

\_\_\_\_\_  
Appointing Officer/Authorized Designee Signature

\_\_\_\_\_  
Telephone

Name/Title: \_\_\_\_\_

Department Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Personnel File Forwarded?  Yes  No

Forwarded to:

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

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DHR USE ONLY

Action Pending?  Yes  No

\_\_\_\_\_  
Analyst Name

\_\_\_\_\_  
Telephone

SR Ref Number: \_\_\_\_\_ Holdover Canvass: \_\_\_\_\_

Reference Number used for layoff actions: \_\_\_\_\_