

UNEMPLOYMENT INSURANCE TERMINATION REPORT
U5602 (R8/12) University of California Human Resources

Forward to Employee and Labor
 Relations

To be completed by the department(s) for all separating employees.

Please print or type and complete all items accurately. Failure to do so may subject the University to a penalty. Send completed form directly to the Unemployment Insurance Coordinator, local Personnel Office. Do not route with other separation forms. Delay in submission could affect benefits.

PERSONAL INFORMATION				
NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	DATE OF SEPARATION
CAMPUS	DEPARTMENT NAMES		DATE OF HIRE	LAST DAY ACTUALLY WORKED
U.C. STUDENT STATUS <input type="checkbox"/> Not Registered <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other	FULL ACCOUNTING UNIT(S)	PAYROLL TITLES	TITLE CODES AT SEPARATION	PRIMARY FUNDING SOURCE (Check only one box) <input type="checkbox"/> 19900 Funds <input type="checkbox"/> Federal Funds <input type="checkbox"/> Hospital Funds <input type="checkbox"/> All other funds

REASON FOR TERMINATION (This question must be answered accurately in all cases.)

Was termination requested or suggested by the University? Yes No

REASON FOR SEPARATION Provide details in "Explanation" below.

Resignation

<input type="checkbox"/> (AA) To accept another job*	<input type="checkbox"/> (AE) Pregnancy—did not desire leave	<input type="checkbox"/> (AI) Military Service	<input type="checkbox"/> (AM) Moved out of area
<input type="checkbox"/> (AB) To look for another job	<input type="checkbox"/> (AF) Family and/or child care	<input type="checkbox"/> (AJ) Failed to return from leave	<input type="checkbox"/> (AN) No reason given
<input type="checkbox"/> (AC) Self-employment	<input type="checkbox"/> (AG) Health	<input type="checkbox"/> (AK) Other (explain below)	<input type="checkbox"/> (EC) Quit without notice
<input type="checkbox"/> (AD) Dissatisfied with job	<input type="checkbox"/> (AH) To attend school		

Retirement	Expiration of Appointment	Release
<input type="checkbox"/> (RA) Retirement <input type="checkbox"/> (RD) Retirement—compulsory for SMGs and regents' officers <input type="checkbox"/> (RF) Retirement—faculty	<input type="checkbox"/> (BA) Grant/contract expired <input type="checkbox"/> (BB) Appointment/contract appt. expired <input type="checkbox"/> (BC) Visa/work authorization expired	<input type="checkbox"/> (CB) Limited employee <input type="checkbox"/> (CC) Other casual employee (on call) <input type="checkbox"/> (CD) Casual restricted appointment <input type="checkbox"/> (CE) Graduation/no longer student <input type="checkbox"/> (CF) Per diem release

Indefinite Layoff	Termination—Due to:
<input type="checkbox"/> (CA) Layoff w/recall/rehire rights <input type="checkbox"/> (CG) Layoff w/severance <input type="checkbox"/> (CH) Layoff, severance & rehire/recall rights <input type="checkbox"/> (CI) Layoff, no severance or recall	<input type="checkbox"/> (EA) Lack of performance <input type="checkbox"/> (ED) Job abandonment <input type="checkbox"/> (EF) No longer certified/licensed <input type="checkbox"/> (EB) Misconduct <input type="checkbox"/> (EE) Never started employment <input type="checkbox"/> (EG) Do not rehire—settlement (employee agrees not to return)

Medical Separation	Change to Emeritus Status	Released—Before attaining regular status	Intercampus Transfer
<input type="checkbox"/> (GA)	<input type="checkbox"/> (JA)	<input type="checkbox"/> (DA)	<input type="checkbox"/> (IT)

Death	Termination from Senior Management and Coach/Related Professional
<input type="checkbox"/> (KA) Give date and name of survivor	<input type="checkbox"/> (LA) Other termination

Explanation:

*If resigning to accept other employment, provide name of next employer _____

Layoff/Furlough

<input type="checkbox"/> Temporary Layoff	Give dates: From _____ (MO/DY/YR) To _____ (MO/DY/YR)
<input type="checkbox"/> Furlough	Give dates: From _____ (MO/DY/YR) To _____ (MO/DY/YR)

SIGNATURES

EMPLOYEE	DATE	DEPARTMENT HEAD	DATE	PREPARED BY	DATE	EXTENSION
_____	_____	_____	_____	_____	_____	_____

RETN: 3 years after separation
 Other copies: 0–3 years after separation

For Unemployment Insurance records only. Not for use in employment references.

TO BE COMPLETED BY EMPLOYEE

NOTICE OF RESIGNATION

TO: Department Head

Date: _____
(MO/DY/YR)

_____ Department

_____ Campus

I hereby submit my resignation as an employee of the University of California, effective _____
(MO/DY/YR)

My reason(s) is (are) as follows: _____

Name and city of my next employer (if leaving for other employment) _____

Please forward all communications to me at the following address:

ADDRESS (Number, Street, P.O. Box)

(City, State, ZIP, Country)

PLEASE PRINT NAME

SIGNATURE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.