



UNIVERSITY OF CALIFORNIA, BERKELEY

CONTROLLER'S OFFICE - PAYROLL

2195 Hearst Ave. Rm. 120, MC-1104

California law requires that the University remit final payment of all wages owed, including vacation leave and compensatory time within 72 hours of the date of separation for any employee who voluntarily **resigns without advance notice**. **Employee's separating involuntarily or voluntarily with more than 72 hour's notice must receive payment at the time of separation**. This form addresses the information needed for the Payroll Office to meet the mandated deadlines. **This form must be submitted to Central Payroll via email (payhelp@berkeley.edu) as an attachment at least 5 days prior to employee separation.**

Payroll Separation Check Request Form (Effective 04/10/14)
Use this form only if the employee will be receiving a final paycheck.

Employee Name: _____

Employee Number: _____

Type of Separation: _____

* See the Voluntary and Involuntary Termination Benefits Guidelines Assignment of DOS Codes document in the Separation section of the Payroll website at <http://controller.berkeley.edu/voluntary-and-involuntary-termination-benefits-guidelines-assignment-dos-codes> This form to be used for represented and non-represented employees.

Separation Information: (Fill in the blanks):

Last Day on Pay Status: _____

Separation Date: _____

HCM Reason Code: _____

Date HCM Updated: _____

Please provide final pay information below:

Period End Date:	Title Code:	Chart String:	
Rate:	DOS:	H%:	WSP:

Period End Date:	Title Code:	Chart String:	
Rate:	DOS:	H%:	WSP:

Period End Date:	Title Code:	Chart String:	
Rate:	DOS:	H%:	WSP:

Period End Date:	Title Code:	Chart String:	
Rate:	DOS:	H%:	WSP:

Period End Date:	Title Code:	Chart String:	
Rate:	DOS:	H%:	WSP:

**** For reporting RX – enter negative hours (e.g. -8.00 or - .0476)**

Pay Disposition:

Produce Check

Direct Deposit (Department should obtain employee consent and retain on file)

Check pick-up notification:

Check is to be picked up by Department

Check is to be picked up by Employee (voluntary separation only)

Comment

Form Prepared by: _____

Department: _____

Contact Phone Number: _____

Date Prepared: _____