



# Employee Departure Report

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)	
DEPARTMENT (Process Level)	
BUREAU/DIVISION	TKU

*(For leaves of absence, the effective date is the last day on payroll status; for other actions, it is the last day worked.)*

EMPLOYEE ID NUMBER	ACTION EFF DATE	LEAVE EXP DATE	A/L RETAINED (LOA)	CLASS TITLE (CORE POSITION TITLE)	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED
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**EMPLOYEE INFORMATION (Do Not Enter in HRMN)**

Final pay warrants will be mailed to the employee's home address of record in HRMN.	EMPLOYEE'S MAILING ADDRESS	CITY	STATE	ZIP CODE
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**PERSONNEL ACTION REASON CODES**

<p><b>DEPARTURE</b></p> <p><input type="checkbox"/> DEP DEATH      Death</p> <p><input type="checkbox"/> DEP DISMISS      Dismissal</p> <p><input type="checkbox"/> DEP EXPAPP      Expired Appointment</p> <p><input type="checkbox"/> DEP LO/LOA      LO/LOA Rights Expired</p> <p><input type="checkbox"/> DEP RESGN      Resigned</p> <p><input type="checkbox"/> DEP RETIRE      Retired</p> <p><input type="checkbox"/> DEP RT DEF      Deferred Retirement</p> <p><input type="checkbox"/> DEP RT DIS      Disability Retirement</p> <p><input type="checkbox"/> DEP SETTLE      Settlement</p> <p><input type="checkbox"/> DEP WAIVED      Waived Rights</p> <p><input type="checkbox"/> PL CHG      Process Level Change</p>	<p><b>LEAVE OF ABSENCE</b></p> <p><input type="checkbox"/> LOA EDUCTN      Educational</p> <p><input type="checkbox"/> LOA EXPIRE      Change Expiration Date</p> <p><input type="checkbox"/> LOA FAMILY      Family Illness</p> <p><input type="checkbox"/> LOA MATRNY      Maternity</p> <p><input type="checkbox"/> LOA MED      Medical</p> <p><input type="checkbox"/> LOAMILITARY      Military</p> <p><input type="checkbox"/> LOA PARENT      Parent</p> <p><input type="checkbox"/> LOA PLANC      Plan C</p> <p><input type="checkbox"/> LOA RETURN      Return</p> <p><input type="checkbox"/> LOA UNCLSF      Unclassified Position</p> <p><input type="checkbox"/> LOA OTHER      Other</p>	<p><b>LAYOFF</b></p> <p><input type="checkbox"/> LO MEDICAL      Medical</p> <p><input type="checkbox"/> LO RIF      Reduction in Force</p> <p><input type="checkbox"/> LO SEASNAL      Seasonal</p> <p><b>JOB CHANGE</b></p> <p><input type="checkbox"/> JCHG RIF      Reduction in Force</p> <p><input type="checkbox"/> JCHG DEMO      Demotion</p> <p><b>SUSPENSION</b></p> <p><input type="checkbox"/> ENTER AS COMMENT IN HRMN</p>
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PREPARED BY	DATE	EMPLOYEE'S SIGNATURE <input type="checkbox"/> (Check if unavailable or refusal to sign)	DATE
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<b>TO BE COMPLETED BY HUMAN RESOURCES OFFICE</b>		COMMENTS (Should also be entered in HRMN history on the HR11 comments tab)
ENTERED BY	DATE	
APPOINTING AUTHORITY	ISSUANCE DATE	

**DISTRIBUTION:** Agency retains original and employee receives copy.

## EMPLOYEE DEPARTURE REPORT INSTRUCTIONS

### TO EMPLOYEES:

**(NOTE: Collective bargaining agreements may require different procedures for employees in exclusively represented bargaining units.)**

1. Your signature on this form only indicates awareness of the personnel action; it does not indicate agreement with the action.
2. If you feel that the personnel action violates a civil service rule or regulation, you may file a grievance on a Form CS-100, obtainable from your human resources office or the Civil Service Commission's website at <http://www.michigan.gov/mdcs/1,1607,7-147--22736--00.html#CS100>.
3. You must file any grievance on a Form CS-100 with your agency's designated Step-2 Official for processing. Any grievance must be received within 14 calendar days of the issuance date listed on the front of this Employee Departure Report (Form CS-301). You may ask to meet with your department director's representative at Step 2.
4. You should receive a written answer from your appointing authority on a Form CS-100. The answer may be appealed to the Civil Service Commission within 28 calendar days on another Form CS-100. If you **do not** receive a written answer at Step 2, you have 42 calendar days to file an appeal with the Civil Service Commission.
5. A dismissal during an initial probationary period may be grieved to Step 2 in the employee's agency, but **cannot** be grieved to Step 3 absent a showing of prohibited discrimination under Rule 1-8.1 or whistleblower reprisal under Rule 2-10.1.
6. Separated employees may be eligible to convert or continue certain state-sponsored group insurance under COBRA or union contract provisions. Contact your human resources office for details.

### TO HUMAN RESOURCES OFFICERS:

**(NOTE: Collective bargaining agreements may require different procedures for employees in exclusively represented bargaining units.)**

1. Civil Service rules require that suspended, dismissed, or demoted employees receive specific reasons in writing supporting the charge indicated. Failure to provide an adequate explanation to the employee is grievable.
2. In cases of dismissal, suspension, or demotion, (1) a CS-100 or appropriate union grievance form can be provided with the CS-301 and (2) the CS-301 shall be mailed by registered mail to the employee if the employee refuses to sign the CS-301 or is not available for signature.
3. The employee's grievance time limit begins with the issuance date of notice by the employer, unless the employee did not receive a copy of the CS-301 or other documented, unequivocal notice of the final issuance of the CS-301 on that date. If such notice was not provided on the issuance date, the time limit begins with the date of initial notice to the employee of the final issuance of the CS-301.
4. The effective date of a demotion or layoff is not earlier than the issuance date.