



Employee Departure Report

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

ACTION (Do Not Enter in HRMN) *In cases of dismissal, suspension, or demotion, a CS-100 or appropriate grievance form must accompany this Employee Departure Report.*

- | | | |
|--|---|---|
| <input type="checkbox"/> State Service Departure | <input type="checkbox"/> Department Departure | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Job Change | <input type="checkbox"/> Layoff | <input type="checkbox"/> Leave of Absence |

HRMN TRANSACTION *(For Leaves of Absence, the departure date is the employee's last day on payroll status.)*

EMPLOYEE IDENTIFICATION NUMBER		COMMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPARTURE CODE	DEPARTURE DATE	LEAVE EXP DATE	A/L RETAINED

EMPLOYEE INFORMATION (Do Not Enter in HRMN)

EMPLOYEE'S MAILING ADDRESS		CITY	STATE	ZIP CODE
CLASS TITLE (CORE POSITION TITLE)		INITIAL HIRE DATE	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED	
POSITION LOCATION (COUNTY, CITY, ETC.)		POSITION CODE		

LEAVE BALANCES AS OF PRIOR PAY PERIOD

SICK LEAVE HOURS	DEFERRED LEAVE HOURS	ANNUAL LEAVE HOURS	COMP TIME HOURS
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BENEFICIARY INFORMATION

NAME		SOCIAL SECURITY NUMBER	
ADDRESS			
CITY	STATE	ZIP CODE	

TO BE COMPLETED BY PERSONNEL OFFICE		EMPLOYEE'S SIGNATURE	DATE
PREPARED BY	DATE	COMMENTS (Should be identical to HRMN History)	
APPOINTING AUTHORITY	DATE		
ENTERED BY	DATE		

DEPARTURE REASONS

(Enter in HRMN)

DEPARTURE

LEAVE OF ABSENCE
(Enter code in HRMN Inactive transaction.)

- | | |
|--|---|
| <input type="checkbox"/> DEP DEATH Death | <input type="checkbox"/> LOA COMP Compensatory |
| <input type="checkbox"/> DEP DISMISS Dismissal | <input type="checkbox"/> LOA EDUC Educational |
| <input type="checkbox"/> DEP EXPAPP Expired Appointment | <input type="checkbox"/> LOA EXPIRE Change Expiration Date |
| <input type="checkbox"/> DEP LO/LOA LO/LOA Rights Expired | <input type="checkbox"/> LOA FAMILY Family Illness |
| <input type="checkbox"/> DEP RESGN Resigned | <input type="checkbox"/> LOA MED Medical |
| <input type="checkbox"/> DEP RETIRE Retired | <input type="checkbox"/> LOAMILITARY Military |
| <input type="checkbox"/> DEP RT DEF Deferred Retirement | <input type="checkbox"/> LOA PARENT Parent |
| <input type="checkbox"/> DEP RT DIS Disability Retirement | <input type="checkbox"/> LOA PLANC Plan C |
| <input type="checkbox"/> DEP SETTLE Settlement | <input type="checkbox"/> LOA RETURN Return |
| <input type="checkbox"/> DEP WAIVED Waived Rights | <input type="checkbox"/> LOA UNCLSF Unclassified Position |
| <input type="checkbox"/> PROCESS LEVEL CHANGE | <input type="checkbox"/> LOA OTHER Other |
-
- JOB CHANGE**
- | | |
|---|---|
| <input type="checkbox"/> LO MEDICAL Medical | <input type="checkbox"/> JCHG RIF Reduction in Force |
| <input type="checkbox"/> LO RIF Reduction in Force | <input type="checkbox"/> JCHG DEMO Demotion |
-
- SUSPENSION**
- | | |
|---|---|
| <input type="checkbox"/> LO SEASNAL Seasonal | <input type="checkbox"/> ENTER AS COMMENT IN HRMN |
|---|---|

EMPLOYEE DEPARTURE REPORT INSTRUCTIONS

TO EMPLOYEES:

(NOTE: COLLECTIVE BARGAINING AGREEMENTS MAY REQUIRE THAT DIFFERENT PROCEDURES APPLY FOR INCLUDED EMPLOYEES OF EXCLUSIVELY REPRESENTED LABOR UNITS.)

1. Your signature on the face side of this form does not indicate you agree with the personnel action. Your signature indicates only that you are aware of such action.
2. In the event the personnel action shown on this form is inaccurate, discriminatory, or a violation of rules or regulations, you may file a grievance on Form CS-100, obtainable at the personnel office of your appointing authority or the Civil Service Commission's Web site, at <http://www.michigan.gov/mdcs/1,1607,7-147--22736--,00.html#CS100>. All grievance forms (minus a copy for your records) are to be turned in to your appointing authority.
3. Under the provisions of the statewide grievance procedure, you have fourteen (14) calendar days after receipt of this Employee Departure Report (Form CS-301) to file a grievance on Form CS-100 with your departmental personnel director for handling at Step 2 of the Grievance Procedure available in your department. You may ask to meet with your department director's representative at Step 2.
4. You should receive a written answer in the name of your department head on Form CS-100. The answer may be appealed to the Civil Service Commission within twenty-eight (28) calendar days, on the Form CS-100, subject to the exclusion on probationary dismissals explained below. If you **do not** receive a written answer at Step 2, you have forty-two (42) calendar days to file an appeal with the Civil Service Commission.
5. A dismissal during an initial probationary period may be grieved by the employee to Step 2 in his/her agency, but cannot be grieved to Step 4 unless there is a showing of prohibited discrimination under Rule 1-8.1 or whistleblower reprisal under Rule 2-10.1.
6. Separating employees may be eligible to convert and/or continue certain state-sponsored group insurance via COBRA or union contract provisions. Contact your personnel office for details.

TO PERSONNEL OFFICERS:

(NOTE: COLLECTIVE BARGAINING AGREEMENTS MAY REQUIRE THAT DIFFERENT PROCEDURES APPLY FOR THE INCLUDED EMPLOYEES OF EXCLUSIVELY REPRESENTED LABOR UNITS.)

1. Civil Service rules require that an employee being suspended, dismissed, or demoted receive specific reasons in writing supporting the charge indicated.
2. Failure of an adequate explanation to the employee is grievable.
3. The employee's grievance time limit begins with the date of notice by the employer.
4. The effective date of demotion is not earlier than the day after receipt by the employee.
5. The effective date of layoff is not earlier than the day after receipt by the employee.
6. The Employee Departure Report (Form CS-301) and, when required, the Grievance Procedure (Form CS-100) shall be mailed by registered mail to the employee when the employee refuses to sign the Employee Departure Report or is not available for signature.