



Employee Departure Report

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

(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>DEPARTURE</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>LEAVE OF ABSENCE</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>LAYOFF</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>JOB CHANGE</p> <p><input type="checkbox"/> JCHG RIF Reduction in Force</p> <p><input type="checkbox"/> JCHG DEMO Demotion</p> <p>SUSPENSION</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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TO BE COMPLETED BY HUMAN RESOURCES OFFICE		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 NON-EXCLUSIVELY REPRESENTED EMPLOYEES:

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>. Any grievance must be filed within (1) 14 calendar days of the issuance date on the front of this CS-301, or (2) 14 calendar days of the initial notice to you of the final issuance of the CS-301 if the CS-301 was not provided to you on the issuance date.
3. For civil service grievance filing procedures, limitations, and exceptions, see the CS-100 form's instructions and Regulation 8.01 at http://www.michigan.gov/documents/mdcs/Reg_8.01_Grievance_Grievance_Appeal_Procedures_211738_7.pdf.
4. Separated employees may be eligible to convert or continue certain state-sponsored group insurance under COBRA provisions. Contact your human resources office for details.

TO EXCLUSIVELY REPRESENTED EMPLOYEES:

1. Your signature on this form only indicates awareness of the personnel action; it does not indicate agreement with the action.
2. Please refer to your bargaining unit's collective bargaining agreement for any grievance procedure and requirements available for grieving the personnel action taken on this Employee Departure Report.
3. 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 exclusively represented employees.)

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.