CSU, CHICO, SCHOOL OF SOCIAL WORK
TITLE IV-E PROGRAM

EMPLOYMENT SEPARATION FORM

EMPLOYEE NAME: _____

Place of Employment | Position Held | Dates of Service

_____

Dates of Leave

_____

_____ _____

(Signature of Personnel Officer) Date

The above information certifies that the above named employee has terminated employment.

When form is completed please return to:

Valerie Peck
CSU, Chico
School of Social Work
Chico, CA 95929-0550

If you have any questions, please call 530-898-6754.