

UNEMPLOYMENT INSURANCE TERMINATION REPORT
U5602 (R2/04) University of California Human Resources and Benefits

Forward to your local Unemployment Insurance Coordinator

To be completed by the department(s) for all separating employees.

Please print or type and complete all items accurately. Failure to do so may subject the University to a penalty. Send completed form directly to the Unemployment Insurance Coordinator, local Personnel Office. Do not route with other separation forms. Delay in submission could affect benefits.

PERSONAL INFORMATION				
NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	EMPLOYEE ID NUMBER	DATE OF SEPARATION
CAMPUS	DEPARTMENT NAMES		DATE OF HIRE	LAST DAY ACTUALLY WORKED
U.C. STUDENT STATUS <input type="checkbox"/> Not Registered <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Other	FULL ACCOUNTING UNIT(S)	PAYROLL TITLES	TITLE CODES AT SEPARATION	PRIMARY FUNDING SOURCE (Check only one box) <input type="checkbox"/> 19900 Funds <input type="checkbox"/> Federal Funds <input type="checkbox"/> Hospital Funds <input type="checkbox"/> All other funds

REASON FOR TERMINATION (This question must be answered accurately in all cases.)

Was termination requested or suggested by the University? Yes No

REASON FOR SEPARATION Provide details in "Explanation" below.

Resignation

<input type="checkbox"/> (AA) To accept another job*	<input type="checkbox"/> (AE) Pregnancy—did not desire leave	<input type="checkbox"/> (AI) Military Service	<input type="checkbox"/> (AM) Moved out of area
<input type="checkbox"/> (AB) To look for another job	<input type="checkbox"/> (AF) Family and/or child care	<input type="checkbox"/> (AJ) Failed to return from leave	<input type="checkbox"/> (AN) No reason given
<input type="checkbox"/> (AC) Self-employment	<input type="checkbox"/> (AG) Health	<input type="checkbox"/> (AK) Other (explain below)	<input type="checkbox"/> (EC) Quit without notice
<input type="checkbox"/> (AD) Dissatisfied with job	<input type="checkbox"/> (AH) To attend school		

Retirement	Expiration of Appointment	Release
<input type="checkbox"/> (RA) Retirement	<input type="checkbox"/> (BA) Grant/contract expired	<input type="checkbox"/> (CB) Limited employee
<input type="checkbox"/> (RD) Retirement—compulsory for SMGs and regents' officers	<input type="checkbox"/> (BB) Appointment/contract appt. expired	<input type="checkbox"/> (CD) Casual restricted appointment
<input type="checkbox"/> (RF) Retirement—faculty	<input type="checkbox"/> (BC) Visa/work authorization expired	<input type="checkbox"/> (CE) Graduation/no longer student
		<input type="checkbox"/> (CC) Other casual employee (on call)

Indefinite Layoff	Termination—Due to:
<input type="checkbox"/> (CA) Layoff w/recall/rehire rights	<input type="checkbox"/> (EA) Lack of performance
<input type="checkbox"/> (CG) Layoff w/severance	<input type="checkbox"/> (EB) Misconduct
<input type="checkbox"/> (CH) Layoff, severance & rehire/recall rights	<input type="checkbox"/> (ED) Job abandonment
<input type="checkbox"/> (CI) Layoff, no severance or recall	<input type="checkbox"/> (EE) Never started employment
	<input type="checkbox"/> (EF) No longer certified/licensed
	<input type="checkbox"/> (EG) Do not rehire—settlement (employee agrees not to return)

Medical Separation	Change to Emeritus Status	Released—Before attaining regular status
<input type="checkbox"/> (GA)	<input type="checkbox"/> (JA)	<input type="checkbox"/> (DA)

Death	Termination from Senior Management, Per Diem Classes and Coach/Related Professional
<input type="checkbox"/> (KA) Give date and name of survivor	<input type="checkbox"/> (LA) Other termination <input type="checkbox"/> (CF) Per diem release

Explanation:

*If resigning to accept other employment, provide name of next employer _____

Layoff/Furlough

Temporary Layoff Give dates: From _____ To _____

Furlough Give dates: From _____ To _____

SIGNATURES

EMPLOYEE	DATE	DEPARTMENT HEAD	DATE	PREPARED BY	DATE	EXTENSION
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For Unemployment Insurance records only. Not for use in employment references.

RETN: 3 years after separation
 Other copies: 0–3 years after separation

SEE REVERSE FOR PRIVACY NOTIFICATIONS

TO BE COMPLETED BY EMPLOYEE

NOTICE OF RESIGNATION

TO: Department Head

Date: _____

_____ Department

_____ Campus

I hereby submit my resignation as an employee of the University of California, effective _____ (MO/DY/YR)

My reason(s) is (are) as follows: _____

Name and city of my next employer (if leaving for other employment) _____

Please forward all communications to me at the following address:

ADDRESS (Number, Street, P.O. Box)

(City, State, ZIP, Country)

PLEASE PRINT NAME

SIGNATURE

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to: withholding of taxes, benefits administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory—failure to provide such information may jeopardize any claim you file for Unemployment Insurance. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own record in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from Campus Human Resources and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are: Campus Human Resources and Academic Personnel Directors.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256. Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) Social Security contributions, (3) State Unemployment and Worker's Compensation earnings, (4) earnings and contributions to participating retirement systems, (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible dependents.