



FACILITIES MANAGEMENT DISCONTINUANCE FORM

Employee Name: _____ CWID: _____
 Department: _____ ORG #: _____
 Job Title: _____ Position #: _____
 Last day worked: _____ Last day paid: _____

Resignation:

- | | | |
|--|--|---|
| <input type="checkbox"/> 110 - Accept other employment | <input type="checkbox"/> 115 - Personal reasons | <input type="checkbox"/> 119 - Moving to a new location |
| <input type="checkbox"/> 111 - Job dissatisfaction | <input type="checkbox"/> 117 - Resignation while on layoff | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 113 - Attend School full-time | <input type="checkbox"/> 118 - Mutually satisfactory release | |

Involuntary separation:

- | | | |
|---|--|--|
| <input type="checkbox"/> 230 - Abandoned position | <input type="checkbox"/> 236 - Involuntary -other | <input type="checkbox"/> 983 - Credentials revoked or denied |
| <input type="checkbox"/> 232 - Chronic absenteeism or tardiness | <input type="checkbox"/> 237 - Dismissed for cause | |
| <input type="checkbox"/> 233 - Expired layoff rights | <input type="checkbox"/> 239 - Dismissed due to reduction in staff | |
| <input type="checkbox"/> 234 - Unsatisfactory performance | <input type="checkbox"/> 351 - End of Assignment | |

Other:

- | | |
|---|---|
| <input type="checkbox"/> 510 - Death | <input type="checkbox"/> 460 - Regular retirement or with OSU retirement benefits |
| <input type="checkbox"/> Transferred: _____ | <input type="checkbox"/> Promoted To: _____ |

Recruitment:

- | | | | |
|--|------------------------------|-----------------------------|---------------------------|
| Was the position budgeted for this Fiscal Year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No why: _____ |
| Will the PQ be submitted for changes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes what: _____ |
| Has the PQ been updated in the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No submit for approval |
| Will this position be filled with a waiver of recruitment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes contact APC |
| Is recruitment needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No why: _____ |

Ast. Supervisor/Supervisor: _____ Date: _____
 Manager: _____ Date: _____
 Director: _____ Date: _____
 Chief Facilities Officer: _____ Date: _____