



**CITY AND COUNTY OF SAN FRANCISCO**  
**DEPARTMENT OF HUMAN RESOURCES**

INSTRUCTIONS: Please complete the Separation Report to:

1. Document internal departmental processes. Please do not send to DHR.
2. Document that the employee separation is not a complete separation from City service, Separation Report must be completed by the sending department and submitted to the receiving department to be attached to the AP ESR.
3. To process a layoff. Please send to the DHR layoff coordinator.
4. To administer a settlement agreement involving the separation of the employee-submit documentation to your Client Services Representative. (Reference TER\_RZA)\*

Date of Request: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION I: PERSONAL AND JOB INFORMATION**

Name (Last, First, M.I.): \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

Job Code: \_\_\_\_\_ Job Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Step: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Empl. Class: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Is the employee serving a probationary period at the time of the separation?  Yes  No

Is this a complete separation from City and County Service?  Yes  No

If no, continuing in:

Department Code: \_\_\_\_\_ Status: \_\_\_\_\_ Job Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is employee granted leave pursuant to Civil Service Rule 120.31?  Yes  No

If no, is employee a transfer?  No  Yes, type of Transfer: \_\_\_\_\_

**SECTION II: SEPARATION INFORMATION**

**Resignation**

Satisfactory Services (TER\_RSS)

Unsatisfactory Services (TER\_RUS)  
 (Form DHR 1-13 must be on file)

By the appointee: I hereby freely and voluntarily resign from the above position. I request approval of this resignation as of the effective date with the full understanding that once approved, I may acquire another position in this class only as provided in the rules of the Civil Service Commission (see employee copy and CSC Rules 114&119).

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**Lay-off**

Involuntary Leave (PCS\_LIL)

Elective Involuntary Leave (PCS\_EIL)

Involuntary Lay-off (PCS\_LIO)

Voluntary Lay-off (PCS\_LVO)

(PV & EX Only):

Reason for lay-off:

Employee acknowledges receipt of the DHR information leaflet.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

# SEPARATION REPORT

## DEPARTMENT USE ONLY

Termination

Settlement Agreement (TER\_RZA)

\*(Separation Report and Settlement Agreement must be forwarded to Client Services Rep.)

Release from appointment:

Release from probation:

Dismissal:

Terminated for cause (TFC) (TPV,NCS, & Exempts only)

Automatic Resignation (ARS)

Never Reported to Work (DSH)

Death of an employee (DEA)

Other (Specify): \_\_\_\_\_

Retirement:

## DEPARTMENT CERTIFICATION

*The Appointing Officer/Authorized Designee named below hereby certifies that the information provided on this Separation Report is accurate, complete, and in compliance with applicable CCSF rules and policies.*

\_\_\_\_\_  
Appointing Officer/Authorized Designee Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name/Title:

\_\_\_\_\_  
Department Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Personnel File Forwarded?  Yes  No

Forwarded to:

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

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DHR USE ONLY

Action Pending?  Yes  No

\_\_\_\_\_  
Analyst Name

\_\_\_\_\_  
Telephone

SR Ref Number: \_\_\_\_\_

Holdover Canvass: \_\_\_\_\_

Reference Number used for layoff actions: \_\_\_\_\_