

CONFIDENTIAL
SEVERANCE AGREEMENT
AND
RELEASE OF ALL CLAIMS

This Severance Agreement and Release of All Claims ("Agreement") is made and entered into voluntarily by and between Southern Oregon University ("SOU") and GREG PERKINSON ("PERKINSON"). SOU and PERKINSON are collectively referred to as the "Parties."

WHEREAS, SOU employed PERKINSON as the Vice President of Finance & Administration and Chief Financial Officer on December 18, 2017;

WHEREAS, the Parties wish to completely resolve and settle any and all disputes PERKINSON may have relating to grievances, complaints, sanctions, actions, petitions, and demands against SOU, including, but not limited to, any and all claims arising out of, or related to, PERKINSON's employment or separation of employment with SOU; and

NOW, THEREFORE, in consideration of the mutual covenants contained herein and intending to be legally bound, the Parties agree as follows:

1. Effective Date

This Agreement is effective on the date outlined in Section 4(b).

2. SOU's Obligations

In exchange for the releases and other obligations by PERKINSON in this Agreement, SOU shall, no later than fourteen (14) days after the effective date of this Agreement and the expiration of the review and revocation periods described herein or PERKINSON signing the release, whichever is later:

(a) This Agreement shall be deemed PERKINSON's voluntary resignation effective December 31, 2023.

(b) Provide PERKINSON with the following consideration:

- i PERKINSON will be on paid administrative leave from August 14, 2023, through November 10, 2023.
- ii PERKINSON beginning November 11, 2023, may use any eligible vacation accrual to extend their employment until their vacation leave is fully exhausted or until December 31, 2023.
- iii PERKINSON shall be eligible for all employee health benefits and earned leave accruals they would receive.
- iv PERKINSON, during the term of paid administrative leave, in (b)(i) and any vacation leave, in (b)(ii), may adjust health benefits in accordance with SOU policies for all employees. All requested changes in benefits must be directed through SOU's Director of Human Resources.
- v SOU, after December 31, 2023, will payout any eligible vacation accruals in accordance with university policy.

(c) Continue PERKINSON's health benefit coverage through January 31, 2024. Should benefits be desired beyond this period, PERKINSON may elect COBRA and will be responsible for both the employer and employee costs of maintaining health benefits coverage. More information can be found at <https://inside.SOU.edu/hrs/cobra.html>.

- (d) **SOU's** Director of Human Resources is the designated representative to whom **PERKINSON** shall refer any requests for any general reference checks and any related inquiry concerning any future employment. Upon being contacted by any other employer concerning **PERKINSON's** employment at **SOU**, the designated representative shall provide nothing more nor less than the following information about **PERKINSON**: date of hire; date of separation; positions held; job duties; and last salary. In response to inquiries on whether **SOU** would be eligible for rehire **PERKINSON**, the answer will be "Yes."
- (e) President Rick Bailey has provided the attached letter of recommendation for **PERKINSON's** use (Attachment A);
- (f) If asked about **PERKINSON's** separation from **SOU**, **SOU** will characterize it as a retirement. If it deems it appropriate, the university will make a public announcement related to **PERKINSON's** retirement.
- (g) As further consideration for **PERKINSON's** voluntary resignation referenced in Paragraph 2(a), **SOU** further agrees not to contest any unemployment claim filed by **PERKINSON**, recognizing that any decision with regard to unemployment benefits is in the sole discretion of the Oregon Employment Department ("OED"). Nothing in this Agreement precludes **SOU** from fully cooperating with OED or otherwise participating in any process related to unemployment benefits as required by law.

3. **PERKINSON's** Obligations

In exchange for **SOU's** fulfillment of all obligations, mutual covenants, and considerations contained in this Agreement, **PERKINSON** agrees to:

- (a) Digitally sign and complete the Employee Notice of Resignation Form (**Attachment B**) and the Employee Separation Form (**Attachment C**), where the last day physically worked is July 27, 2023, and the separation date is December 31, 2023 (*the last day in paid status*). **PERKINSON** shall provide it, along with any remaining issued university property (e.g., keys, fob, laptop, **SOU** ID, etc.) as well as any passwords to **SOU's** Director of Human Resources within seven (7) calendar days of the effective date of this Agreement by mailing it to: Southern Oregon University, Human Resources (Churchill Hall, Room 159), 1250 Siskiyou Boulevard, Ashland, OR 97520; and
- (b) Waive the right to reinstatement at **SOU** and acknowledges that **PERKINSON** is not eligible for reemployment at **SOU**. **PERKINSON** further agrees that they will not apply for any position, employment, or otherwise (including in a volunteer capacity) at **SOU**. If **PERKINSON** does apply and is rehired by **SOU** at any subsequent time, **SOU** is entitled to terminate **PERKINSON's** employment upon discovery of the hiring, and **PERKINSON** shall have no recourse or claim against **SOU** or the Additional Releasees as a result of such termination.
- (c) Make no written, oral, or visual statement or communication to any individual or group, the media, social media, or any public or private forum regarding **PERKINSON's** retirement, resignation, or separation of employment (collectively "Separation") from **SOU**. Except, if asked by others about this Separation, **PERKINSON's** response shall be limited to: "I have retired from **SOU**. I value my time at the university and the friendships I have built. I appreciate the university's commitment to students and public education. I wish **SOU** the best for the future." This provision is not intended to limit **PERKINSON'S** ability to testify truthfully in an action to enforce his rights under this Severance Agreement or if compelled to testify by law.
- (d) **PERKINSON** agrees to immediately resign from all internal and external committees and appointments they serve on as a representative on behalf of **SOU**, as they will no longer be eligible because they are no longer an employee. **PERKINSON** is currently a member of the City of Ashland, Planning Commission; **PERKINSON** agrees that with his knowledge and operations of **SOU**, an actual or perceived conflict of interest may exist and that they will recuse themselves from all deliberations, discussions, or decisions regarding

SOU. Further, **PERKINSON** agrees not to apply for any boards, commissions, or entities that directly oversee Southern Oregon University or its affiliates, including but not limited to the Southern Oregon University Board of Trustees and the Higher Education Coordinating Committee. If **PERKINSON** does apply or is appointed to any body that directly oversees **SOU** at any subsequent time, **PERKINSON** agrees to disclose that they may have an actual or perceived conflict of interest and recuse themselves from any and all deliberations, discussions, or decisions regarding **SOU**. In the event that **PERKINSON** does not disclose the actual or perceived conflict of interest or does not recuse themselves from deliberations, discussions, or decisions regarding **SOU**, **SOU** will be entitled to share truthful and accurate information regarding **PERKINSON**'s Separation as well as this Severance Agreement with decision makers as is necessary to protect **SOU**'s interests; **PERKINSON** agrees this disclosure shall not be a breach of this Agreement and they release, waive, and shall have no recourse or claim against **SOU** or the Additional Releasees from such action.

4. Waiver and Release

- (a) In exchange for the promises, covenants, and consideration described in this Agreement, **PERKINSON** fully releases and forever waives and discharges **SOU**, the Southern Oregon University Board of Trustees ("Board of Trustees"), the State of Oregon, and all of their affiliated entities and any of their past and present trustees, officers, directors, employees, attorneys, insurers and agents in their individual and representative capacities (collectively "Additional Releasees"), from and against any and all claims, demands, actions, suits, causes of action, debts, reimbursements, accounts or controversies of any nature whatsoever, known or unknown, that **PERKINSON** has, or may have had or accrued, against **SOU** or any Additional Releasee, up to and including the date of this Agreement, including, but not limited to, any claim in any way related to their employment with **SOU** or the termination of their employment with **SOU**. This release further extends to all claims for discrimination in employment, any claims of retaliation, negligence, and intentional conduct of any sort, claims for defamation, claims based upon age, sex, gender, race, color, national origin, religion, disability, marital status, sexual orientation, or gender identity. However, while **PERKINSON** releases all claims, nothing in this release prohibits participating in investigations of discriminatory conduct by BOLI, the EEOC, or a similar government agency. All parties acknowledge that at the time of this release, there are no known claims, nor has **PERKINSON** alleged claims arising from discrimination during **PERKINSON**'s employment. This release also extends to all claims of any kind under any constitutional, contract, tort, or other legal, equitable, statutory, or common law theories, including, but not limited to, claims for breach of contract, for tortious interference with contract, or under the Oregon and U.S. constitutions.
- (b) In further consideration of the **SOU**'s obligations in this Agreement, **PERKINSON** hereby irrevocably and unconditionally fully and forever waives, releases, and discharges **SOU** and Additional Releasees from any and all claims, whether known or unknown, from the beginning of time to the date of your execution of this Agreement, arising under the Age Discrimination in Employment Act ("ADEA"), as amended, and its implementing regulations, including the Older Workers' Benefit Protection Act. By signing this Agreement, **PERKINSON** hereby acknowledges and confirms that:
- i. they have read this Agreement in its entirety and understand all of its terms;
 - ii. they have been advised of and have availed themselves of their right to consult with an attorney prior to executing this Agreement;
 - iii. they knowingly, freely, and voluntarily agree to all of the terms and conditions set out in this Agreement, including, without limitation, the waiver, release, and covenants contained herein;
 - iv. they are executing this Agreement, including the waiver and release, in exchange for good and valuable consideration in addition to anything of value to which they are otherwise entitled;
 - v. they were given at least twenty-one (21) days to consider the terms of this Agreement and consult with an attorney of their choice, although **PERKINSON** may sign it sooner if desired;
 - vi. they understand that they have seven (7) days from the date they sign this Agreement to revoke the ADEA release in this Section by delivering written notice of revocation. Written notice must be by signed letter executed by **PERKINSON** and delivered to the Office of the General Counsel, Southern

Oregon University 131 Churchill Hall 1250 Siskiyou Blvd. Ashland, OR 97520, and the written notice must be *received* by the University's Office of the General Counsel by midnight on the seventh calendar day after PERKINSON signs this Agreement;

- vii. they understand that the release contained in this paragraph does not apply to rights and claims that may arise after the date on which they sign this Agreement.

The parties agree that any changes to this Agreement, whether material or not, do not restart the running of the twenty-one (21)-day period. If PERKINSON signs and does not revoke this Section, this Agreement will become effective, in its entirety, on the eighth (8th) day after they sign this Agreement (the "Effective Date"). If PERKINSON signs this Agreement but later revokes the ADEA release in this Section, the remainder of this Agreement will remain in full force and become effective on the Effective Date.

- (c) PERKINSON also includes within the scope of the release of claims in subsections 4(a) and 4(b) above, not only specific persons and entities named but also all persons or entities who are or may be liable to PERKINSON as joint tortfeasors with respect to any claims arising from PERKINSON's employment or separation of employment with SOU.
- (d) PERKINSON represents that they have not filed any complaints, causes of action, or other claims against SOU or its Board of Trustees, officers, directors, employees, agents, or assigns with any local, state, or federal agency or court, and they will not do so at any time hereafter as to any acts occurring at any time before execution of this Agreement, and that if any such agency or court assumes jurisdiction of any complaint, cause of action, or claim against SOU or its Board of Trustees, officers, directors, employees, agents or assigns PERKINSON will request such agency or court to withdraw from the matter.
- (e) PERKINSON agrees that, at all times, they were fully able to seek legal counsel or advice from a trusted source related to their employment and this Agreement.

5. Disputed Claims

This Agreement is entered for the purpose of settling and compromising disputed claims and does not constitute an admission that either party, or any person or entity, violated any local, state, or federal law or that either party engaged in any improper or unlawful conduct or wrongdoing.

6. Non-Disparagement

PERKINSON shall not make any oral, written, or visual statement or communication about SOU and the Additional Releasees which is intended to, or reasonably likely to, disparage or otherwise degrade SOU or the Additional Releasees' reputation(s) in the community or education industry. This provision is not intended to limit PERKINSON'S ability to testify truthfully in an action to enforce his rights under this Severance Agreement or if compelled to testify by law.

As a public institution, SOU is required by law to publicly present information in open public forums and to comply with public records requests. SOU agrees that it will use reasonable efforts not to voluntarily initiate using PERKINSON's name related to the recent budgetary and financial issues surrounding SOU. However, PERKINSON acknowledges and agrees that SOU must respond truthfully and accurately to lawful requests for information and such disclosure shall not be deemed a breach of the Agreement. PERKINSON hereby agrees to waive any claims against SOU related to SOU fulfilling its legal obligations and mission as a public institution related to PERKINSON's service to SOU.

7. Non-Disclosure Obligation

The Parties agree that all terms of this Agreement are, and shall remain, confidential and that they shall not disclose any of the terms of this Agreement to any person or entity without the prior written consent of the other

Parties, except as necessary to enforce and effect the terms of this Agreement or as required by applicable law. Further, nothing in this paragraph is intended to prevent PERKINSON from discussing the terms and conditions of his employment as permitted by applicable law. Further, this provision does not prevent or restrict PERKINSON from enforcing his Section 7 rights under the National Labor Relations Act, participating in Section 7 activity, or otherwise cooperating with a National Labor Relation Board's investigative process, as applicable.

8. Entire Agreement

Except as provided herein, this Agreement supersedes all other understandings and agreements, oral or written, between the Parties with respect to its subject matter and constitutes the sole and entire agreement between the Parties with respect to its subject matter. The terms of this Agreement are contractual and not merely recitals. No alteration, amendment, or modification of this Agreement is valid unless it is in writing and is properly executed by the Parties to this Agreement.

9. Choice of Law and Venue

This Agreement shall, in all respects, be interpreted, enforced, and governed under the laws of the State of Oregon. Any claim, action, or suit between the Parties will be brought and conducted solely and exclusively within a Circuit Court located in Jackson County, Oregon or, if any claim, action, or suit must be brought in a federal forum, it will be brought and conducted exclusively in the United States District Court for the District of Oregon.

10. Severability

If a court of competent jurisdiction holds that any provision or subpart thereof contained in this Agreement is invalid, illegal, or unenforceable, that invalidity, illegality, or unenforceability shall not affect any other provisions in this Agreement.

11. Costs and Attorneys' Fees

Each party is responsible for their own attorneys' fees and costs in relation to the matter that is the subject of this Agreement.

12. Counterparts

This Agreement may be executed in counterparts, each of which shall be deemed an original and, when taken together with the other signed counterparts, shall constitute one Agreement which, upon the Effective Date, shall be binding upon and effective as to all Parties. Further, facsimile and electronic signatures, including by email, shall be deemed to be original signatures.


By signature below, the Parties acknowledge and agree that they have read this Agreement in its entirety, they understand its terms, they have had an adequate opportunity to consult counsel, and they fully and voluntarily agree to be bound by the terms of this Agreement.



Greg Perkinson

8/16/23

Date



Richard Bailey, Jr., Ph.D., President
Southern Oregon University

8/16/23

Date

ATTACHMENT A

August 11, 2023

RE: Letter of Recommendation - Greg Perkinson

To Whom It May Concern:

I am pleased to write this letter of recommendation on behalf of Greg Perkinson, Colonel, United States Air Force (retired). Greg served as the Vice-President of Finance and Administration and Chief Financial Officer for Southern Oregon University from 2017 to 2023.

Greg and I have worked closely together since January 2022, and I admire his high level of commitment, energy, and integrity. His kindness, compassion, and care for his team were appreciated by all who served alongside him, making him a model Chief Operating Officer. As I think about his legacy here at SOU, three things will definitely stand out and help define his service: (1) jumping in with the rest of the leadership team to tackle the seemingly impossible task of realigning our fiscal structure to provide long-term sustainability; (2) oversight of the thoughtful launch of our new Core Information Systems Replacement (CISR) project, which will provide greater effectiveness and efficiencies for decades to come; and perhaps most notably, (3) his steadfast leadership and organizational prowess in skillfully and sensitively helping students, faculty, staff and our community endure, and indeed thrive, during the COVID pandemic.

As the President of Southern Oregon University, in addition to the work he has done, I truly appreciate Greg's outstanding service, his kind heart, and his calm demeanor. It has been an honor to serve with him.

Very Respectfully,



Richard J. Bailey, Jr., Ph.D.
President

ATTACHMENT B

Employee Notice of Resignation/Transfer

Instructions – This form is used when employees end employment prior to the appointment's original termination date or for resignation from one SOU position to accept another SOU position. This Employee Notice of Resignation/Transfer form must be completed by the employee and submitted to the department supervisor at the time official resignation is given. Additionally, an [Employee Separation form](#) must be completed and submitted to Human Resource Services prior to the employee's last day physically worked.

| | | |
|---|---|--|
| EMPLOYEE NAME (Last, First) | | EMPLOYEE ID 940- |
| CLASSIFICATION TITLE | WORKING TITLE | DEPARTMENT/DIVISION |
| LAST DAY PHYSICALLY WORKED (m/d/yyyy) | SEPARATION EFFECTIVE DATE (last day in paid status) (m/d/yyyy) | <input type="checkbox"/> FINAL LEAVE RECORD/TIME SHEET ATTACHED |
| <input type="checkbox"/> UPDATE FINAL MAILING ADDRESS FOR W-2 ON InsideSOU.EDU BANNER SELF-SERVICE | | <input type="checkbox"/> IF ENROLLED IN DIRECT DEPOSIT, LAST CHECK SHOULD BE ELECTRONICALLY DEPOSITED <input type="checkbox"/> ISSUED AS A PAPER CHECK |
| ARE YOU CURRENTLY AN SOU STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | | WILL YOU REMAIN A SOU STUDENT AFTER RESIGNATION/TRANSFER? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYEE HAS SIGN-IN ACCESS TO THE FOLLOWING EXTERNAL SYSTEMS/DATABASES

| | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> None apply | <input type="checkbox"/> Enterprise Rent-A-Car | <input type="checkbox"/> Maxient | <input type="checkbox"/> Amazon |
| <input type="checkbox"/> US Department of Education | <input type="checkbox"/> Converge | <input type="checkbox"/> BossCars | <input type="checkbox"/> SAIF |
| <input type="checkbox"/> Department Social Media Account | <input type="checkbox"/> US Bank | <input type="checkbox"/> HigherOne | <input type="checkbox"/> CICS |
| <input type="checkbox"/> National Student Clearinghouse | <input type="checkbox"/> EDX / ORP | <input type="checkbox"/> Collection Agencies | <input type="checkbox"/> Cognos |
| <input type="checkbox"/> Government Drawdown (G5, ASAP) | <input type="checkbox"/> CashNet | <input type="checkbox"/> Degree Works | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Staples/OfficeMax/Office Depot | <input type="checkbox"/> Oregon State Treasury | <input type="checkbox"/> Virtual Merchant | <input type="checkbox"/> Other _____ |

| <p>REASON FOR RESIGNATION</p> <input type="checkbox"/> Retirement (Effective date: _____) <input type="checkbox"/> New position provides professional advancement <input type="checkbox"/> New position provides better salary <input type="checkbox"/> New position has better working conditions <input type="checkbox"/> Dissatisfied with SOU (policies/administration) <input type="checkbox"/> Dissatisfied with SOU promotional opportunities <input type="checkbox"/> Personal reasons <input type="checkbox"/> Other _____ | <p>TRANSFER WITHIN SOU</p> <input type="checkbox"/> Accepted another position at SOU <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Position and Department</i></p> <input type="checkbox"/> If applicable, Keys/Fobs returned to FMP <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>FMP Representative Signature/Date</i></p> <input type="checkbox"/> If applicable, mobile devices returned to IT Coordinator <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>IT Coordinator Signature/Date</i></p> | <p>OPTIONAL ELECTIONS</p> <input type="checkbox"/> In-Person Exit Interview with Human Resource Services <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Date Available</th> <th>Time Available</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Electronic/Virtual Feedback about SOU Experience. Personal Email Address: _____ <input type="checkbox"/> Elect to opt out of an exit interview | Date Available | Time Available | | | | |
|---|---|--|----------------|----------------|--|--|--|--|
| Date Available | Time Available | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

FOR TRANSFERRING EMPLOYEES ONLY - IT INFORMATION – TO BE COMPLETED BY MANAGER OR DEAN

FACULTY EMERITI ONLY - Unless otherwise indicated, Faculty Emeriti will retain their network/email account indefinitely. If the faculty emeriti wishes to have the account deleted, indicate date for deletion: _____

ALL OTHER ACCOUNTS - Accounts are *disabled* at the end of the last day physically worked and *deleted* seven (7) days after departure date unless otherwise indicated. In no case will departing employees retain access to Banner.
 If the account needs to be retained beyond the seven-day period, please indicate date for deletion: _____
 Reason: _____

ACCESS TO DEPARTED EMPLOYEE'S ACCOUNTS AND FILES - Due to critical business continuity, I authorize access as follows and understand access will be revoked in 30 days unless otherwise specified:
 Name of employee(s) who should be granted access to departing employee's personal drive: _____
 Date when access should be revoked: _____
 Name of employee who should be granted ownership of departing employee's Google Drive/Docs: _____
 Other, please explain below: _____

| REQUIRED SIGNATURES | | |
|------------------------------|------------------|------------------------|
| EMPLOYEE NAME (PRINT) | SIGNATURE | DATE (m/d/yyyy) |

Begin reviewing IT INFORMATION Section on the EMPLOYEE SEPARATION FORM. Contact IT with questions.

| | | | |
|---|--------------|------------------|------------------------|
| SUPERVISOR/DEPARTMENT HEAD (PRINT) | TITLE | SIGNATURE | DATE (m/d/yyyy) |
| DIRECTOR ACKNOWLEDGEMENT (PRINT) | TITLE | SIGNATURE | DATE (m/d/yyyy) |
| VICE PRESIDENT/PROVOST (PRINT) | TITLE | SIGNATURE | DATE (m/d/yyyy) |

FOR INTERNAL USE ONLY – Completed form is submitted to HR. HR electronically forwards information to area functions below for independent processing.

| HUMAN RESOURCES | | | | | | BUDGET | | | INFORMATION TECHNOLOGY- It-notices@sou.edu | | | |
|-------------------------------|------|----------|----------------------------|------|---------|---------------|------|---------|--|------|------|---------|
| FUNCTION | DATE | INITIALS | FUNCTION | DATE | INITIAL | FUNCTION | DATE | INITIAL | ITEM | INFO | DATE | INITIAL |
| HR Mass Email Heads-up | | | Copy to Benefits | | | NBAPBUD | | | TICKET # | | | |
| Transfer email to term access | | | Copy to Payroll | | | NBAPOSN | | | DATE RECEIVED | | | |
| PEAEAMPL | | | Copy to SC Pay. | | | POSN # | | | ACCOUNT NUMBER | | | |
| | | | Copy to BUS SVS/Prov Budg. | | | PAYROLL | | | BANNER ACCT | | | |
| | | | | | | Leave Balance | | | BANNER NAME | | | |
| | | | Copy to IT | | | NBAJOBS | | | NETWORK ACCT | | | |

ATTACHMENT C

Employee Separation Form

Instructions – This form is used when employees separate entirely from Southern Oregon University employment. The form should be completed by the employee, routed for appropriate signature clearance, and submitted to the department supervisor on or just prior to the employee's last day physically worked. Return the completed form to HR.

| | | | |
|---|--|---|--|
| EMPLOYEE NAME (Last, First) | | EMPLOYEE ID 940 | DEPARTMENT/DIVISION |
| CLASSIFICATION TITLE | WORKING TITLE | | <input type="checkbox"/> FINAL LEAVE RECORD/TIME SHEET HAS BEEN SUBMITTED TO PAYROLL |
| LAST DAY PHYSICALLY WORKED (m/d/yyyy) | SEPARATION EFFECTIVE DATE (last day in paid status) (m/d/yyyy) | | |
| ARE YOU CURRENTLY AN SOU STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | | WILL YOU REMAIN A SOU STUDENT AFTER SEPARATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| FINAL MAILING ADDRESS FOR W-2 (MUST UPDATE IN MYSOU.EDU BANNER SELF-SERVICE) <i>Note: Will continue to have access to W2 and paystubs, contact IT Help Desk for assistance</i> ADDRESS: _____ CITY, STATE, ZIP: _____ PERSONAL EMAIL: _____ | | REASON FOR SEPARATION <input type="checkbox"/> RESIGNATION <input type="checkbox"/> END OF TEMPORARY ASSIGNMENT <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (SPECIFY): _____ | |

VERIFICATION BY EMPLOYEE AND DEPARTMENT (EMPLOYEE INITIAL APPLICABLE OPTIONS AND OBTAIN CORRESPONDING SIGNATURES FOR EACH CATEGORY)

DEPARTMENT PROPERTY - Return to Department

_____ Returned department property and equipment issued
List Item(s): _____

_____ Did not return the following outstanding item(s): _____ Director Signature/Date _____

Reason(s): _____ Director Signature/Date (MUST NOTIFY Director of Business Services) _____

_____ I acknowledge that my SOU Identification Card is attached to this form. If it is not attached, provide explanation: _____

_____ Returned Procurement Card to the Department Custodian/Budget Authority _____ Department Custodian/Budget Authority Signature/Date _____

_____ No department property issued

KEYS & FOBS - Facilities Management & Planning (351 Walker Avenue)

_____ Returned to Facilities Management & Planning _____ FMP Representative Signature/Date _____

_____ Lost/Stolen and a report has been filed with SOU Campus Public Safety _____ CPS Representative Signature/Date _____

_____ It has been operationally determined that I am authorized to retain keys/fobs until date: _____ Director Signature/Date _____

_____ No key or FOB has been issued

LIBRARY MATERIALS - Hannon Library

_____ Returned library materials to Hannon Library _____ Hannon Library Representative Signature/Date _____

_____ No library materials issued

SALARY ADVANCEMENTS - Business Service/ Payroll Office (Churchill Hall 143)

_____ Settled salary advanced with Business Services/Payroll Office _____ Business Services/Payroll Office Representative Signature/Date _____

_____ Not settled, and I acknowledge, per policy, that the outstanding balance will be taken from final pay-out

_____ No salary advance issued

CERTIFICATION BY EMPLOYEE (ACKNOWLEDGE EACH SECTION WITH INITIALS)

ACCOUNTING

_____ I acknowledge that if I have been issued an SOU Corporate Travel Card by US Bank, this card will be deactivated upon my separation date, it is my responsibility to destroy the card appropriately, and I am obligated to assure the account is paid in full.

_____ I acknowledge that if my Banner Self-Service Account Balance indicates an Amount Due, it is my personal debt obligation and will remain my responsibility regardless of my SOU employment status.

_____ I acknowledge that I have reached out to Parking for information regarding my potential virtual parking permit fee reimbursements (contacting the Parking Department at 541-552-PARK).

BENEFITS

_____ I understand that upon separation I will lose my SOU group insurance benefits. The Consolidated Omnibus Budget Reconciliation Act (COBRA), a Federal law that gives employees the right to continue group health insurance after becoming ineligible for benefits by paying the full cost of insurance premiums (employer and employee share), will be available to me. I understand that this information will be mailed to me and can also be obtained through SOU Human Resource Services by calling 541-552-6167.

_____ I understand that my enrollment in a Flexible Spending Account (FSA) should be given special consideration to assure non-forfeiture of funds currently on deposit.

_____ I understand that I may have personal retirement contributions with PERS/OPSRP or ORP and further information is available from SOU Human Resource Services or directly from the provider.

REQUIRED SIGNATURES

I acknowledge that I have an ongoing responsibility to Southern Oregon University for maintaining the confidentiality of any information that is deemed private, privileged and/or confidential.

| | | |
|---|-----------|-----------------|
| EMPLOYEE NAME (PRINT) | SIGNATURE | DATE (m/d/yyyy) |
| | | |
| <i>Please Complete IT Information Below</i> SUPERVISOR/DEPARTMENT HEAD (PRINT) | TITLE | SIGNATURE |
| | | |
| DIRECTOR ACKNOWLEDGEMENT (PRINT) | TITLE | SIGNATURE |
| | | |

IT INFORMATION – TO BE COMPLETED BY MANAGER OR DEAN

FACULTY EMERITI ONLY

Unless otherwise indicated, Faculty Emeriti will retain their network/email account indefinitely. If the faculty emeriti wishes to have the account deleted, indicate date for deletion: _____

ALL OTHER ACCOUNTS - Accounts are disabled at the end of the last day physically worked and deleted seven (7) days after departure date unless otherwise indicated. In no case will departing employees retain access to Banner.

If the account needs to be retained beyond the seven day period, please indicate date for deletion: _____

Reason: _____

ACCESS TO DEPARTED EMPLOYEE'S ACCOUNTS AND FILES - Due to critical business continuity, I authorize access as follows and understand access will be revoked in 30 days unless otherwise specified:

Name of employee(s) who should be granted access to departing employee's personal drive: _____

Date when access should be revoked: _____

Name of employee who should be granted ownership of departing employee's Google Drive/Docs: _____

Other, please explain below: _____

FOR INTERNAL USE ONLY- Routed from HR to Business Partners

| HUMAN RESOURCES | | | BENEFITS | | | PAYROLL | | | INFORMATION TECHNOLOGY | | | |
|---------------------------|------|----------|------------|------|----------|-------------------------------|------|----------|------------------------|------|------|----------|
| FUNCTION | DATE | INITIALS | FUNCTION | DATE | INITIALS | FUNCTION | DATE | INITIALS | ITEM | INFO | DATE | INITIALS |
| MASS EMAIL | | | PEBB | | | PEALEAV | | | TICKET NUMBER | | | |
| PEEMPL | | | PERS / ORP | | | NBAJOBS | | | DATE RECEIVED | | | |
| GXADIRD | | | PDADEN | | | PULL FILE | | | ACCOUNT NUMBER | | | |
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