

NOTICE OF EMPLOYEE SEPARATION

Supervisor to initiate, complete, and submit to Human Resources

Employee Name: _____ Y #: _____

List all positions to be affected:

Position Number, Department & Title: _____ FT PT ADJ ST

Last Day worked: _____

Position Number, Department & Title: _____ FT PT ADJ ST

Last Day worked: _____

Check reason and attach relevant documentation (i.e. letter of resignation)

Resignation- Voluntary	Termination- Involuntary	Notes
<input type="checkbox"/> Retirement <input type="checkbox"/> < 15 yrs or <input type="checkbox"/> > 15 years	<input type="checkbox"/> Dismissal	
<input type="checkbox"/> End of temporary assignment	<input type="checkbox"/> Non-renewal of contract	
<input type="checkbox"/> Inactive	<input type="checkbox"/> Reduction in force (layoff)	
<input type="checkbox"/> Death	<input type="checkbox"/> Violated rules/policies	
<input type="checkbox"/> Return to school	<input type="checkbox"/> Unsatisfactory performance	
<input type="checkbox"/> Family reasons or relocate	<input type="checkbox"/> Absenteeism/tardiness	
<input type="checkbox"/> Job related hours/work/conditions	<input type="checkbox"/> Job abandonment	
<input type="checkbox"/> Health reasons	<input type="checkbox"/> Other (specify in notes)	
<input type="checkbox"/> Found new job		

Complete Supervisor Separation Checklist and collect Employee Separation Checklist

Employee forwarding address _____

Supervisor name _____ Signature _____ Date _____

Human Resources/Student Employment Use

HR Initial _____	HR/Benefits Initial _____
Date _____	Date _____
Separation effective date _____	Insurance coverage ends date _____ Eligible for sick leave payout <input type="checkbox"/>
PEASCH <input type="checkbox"/>	
HR Signature _____	Date _____