

Notice of 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)

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

Complete Supervisor Separation Checklist and collect Employee Separation Checklist

Employee forwarding address _____

Supervisor Name _____ Signature _____ Date _____

HR Name _____ Signature _____ Date _____