NOTICE OF SEPARATION

IDENTIFICATION

Date of Employment: _____

Date Terminated: _____

Name: _____

Assignment No: _____

Organization: _____

Position No: _____ Job Title: _____

REASON FOR SEPARATION

(Employee initiated (Voluntary)

- ☐ Deceased
- ☐ Dissatisfied
- ☐ Fail to Return
- ☐ Family Reason
- ☐ Illness
- ☐ Retirement
- ☐ Returned to School
- ☐ Spouse Relocated
- ☐ Stay at Home
- ☐ Other

- ☐ Other Job
- ☐ Without Cause
- ☐ Personal

Employer initiated (Involuntary)

- ☐ Excess Absences
- ☐ Exceeded LOA
- ☐ Mutual Agreement
- ☐ Probationary
- ☐ Reduction in Force
- ☐ Rule/policy Violation
- ☐ Summer Job Ended

- ☐ Unsatisfactory Performance
- ☐ At Will
- ☐ Other

- ☐ Gross Misconduct – HR approved

SYSTEM ACCESS ADMINISTRATION (for deactivation)

- ☐ Oracle
- ☐ Mainframe
- ☐ JIS

- ☐ Active Directory
- ☐ Kronos
- ☐ AIS

- ☐ Outlook
- ☐ Odyssey
- ☐ Other _____

- ☐ Building Access
- ☐ Emp County phone #

Adobe Acrobat Pro DC License

Prepared By: _____

Title: _____ Telephone: _____

Authorized Signature: _____ Date: _____

PROJECTED FINAL PAY (AUDITOR USE ONLY)

	County Time	FLSA Comp Time	Vacation	Sick	Sick Pay Off
Date of Separation: _____					
Accrual Balance at last earnings period	_____	_____	_____	_____	
Leave Used in current earnings period	_____	_____	_____	_____	
Accrual Balance due (excluding sick)	_____	_____	_____		
% Sick due _____	_____			_____	_____
Current Regular	_____				
Mileage/Tolls Parking	_____				
Differential Hours	_____				
2000 Advance Payback	_____				
	_____				