

NOTICE OF SEPARATION

IDENTIFICATION

Date of Employment: _____

Name: _____

Assignment No: _____

Date Terminated: _____

Organization: _____

Position No: _____ Job Title: _____

REASON FOR SEPARATION

(Employee initiated (voluntary))

- Deceased
- Dissatisfied
- Fail to Return
- Family Reason
- Illness
- Other Job
- Personal

- Retirement
- Returned to School
- Spouse Relocated
- Stay at Home
- Without Cause
- Other

Employer initiated (involuntary)

- Excess Absences
- Exceeded LOA

- Mutual Agreement
- Probationary
- Reduction in Force
- Rule/policy Violation
- Summer Job Ended
- Unsatisfactory Performance
- Other
- Gross Misconduct – HR approved

SYSTEM ACCESS ADMINISTRATION (for deactivation)

- Oracle
- Active Directory
- Outlook
- Building Access
- Mainframe
- Kronos
- Odyssey
- Other _____
- JIS
- AIS

Prepared By: _____

Title: _____ Telephone: _____

Authorized Signature: _____ Date: _____

PROJECTED FINAL PAY (AUDITOR USE ONLY)

Date of Separation: _____	County Time	FLSA Comp Time	Vacation	Sick	Sick Pay Off
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	_____	_____	_____	_____	_____