

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

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

Employer initiated (involuntary)

- Other Job
- Personal

- 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)

- | | | | |
|------------------------------------|---|--------------------------------------|---|
| <input type="checkbox"/> Oracle | <input type="checkbox"/> Active Directory | <input type="checkbox"/> Outlook | <input type="checkbox"/> Building Access |
| <input type="checkbox"/> Mainframe | <input type="checkbox"/> Kronos | <input type="checkbox"/> Odyssey | <input type="checkbox"/> Emp County phone # |
| <input type="checkbox"/> JIS | <input type="checkbox"/> AIS | <input type="checkbox"/> Other _____ | |

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	_____				