

NOTICE OF SEPARATION

IDENTIFICATION Date of Employment: _____ Last Day Worked: _____ Date Terminated: _____ Temporary Employee? _____	Name: _____ Assignment No: _____ Organization: _____ Position No: _____ Job Title: _____
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REASON FOR SEPARATION (Employee initiated (Voluntary)) <input type="checkbox"/> Deceased <input type="checkbox"/> Other Job <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Without Cause <input type="checkbox"/> Fail to Return <input type="checkbox"/> Personal <input type="checkbox"/> Family Reason <input type="checkbox"/> Illness <input type="checkbox"/> Retirement <input type="checkbox"/> Returned to School <input type="checkbox"/> Spouse Relocated <input type="checkbox"/> Stay at Home <input type="checkbox"/> Other	Employer initiated (Involuntary) <input type="checkbox"/> Excess Absences <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceeded LOA <input type="checkbox"/> At Will <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Other <input type="checkbox"/> Probationary <input type="checkbox"/> Reduction in Force <input type="checkbox"/> Gross Misconduct – HR approved <input type="checkbox"/> Rule/policy Violation <input type="checkbox"/> Summer Job Ended
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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 _____	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	_____				