## Separation Form

Termination Type:	VOLUNTARY INVOLUNTARY				
Employee Name:	(Last Name, First Name Middle Initial)	Department:			
Job Title:		Last Day Worked:			
Date of Hire:		Termination Date:			
SSN/DOB:		Date Prepared:			
Voluntary Termination Reason For Separation					
Failure to Return from LOA	Needed More Money	Poor Health			
Accepted Other Employment	Returned to School	Personal Reasons			
Job Dissatisfaction	Job Abandonment	Other:			
	Resignation Attached?	Yes 🗌 No 🗌			
Involuntary Termination Reason For Separation (Discharged For Work Related Misconduct)					
Disregard of Agency Policy	Excessive Complaints	Excessive Absences			
Customer Abuse	Expired Documents	Falsifying Information			
Inability To Do The Job	Insubordination	Other:			
	Additional Documentation Attached?	Yes No No			
Termination Memo:					
	Continued on Back	]			
Rehire Status: Recomm	nend Rehire? Yes No	Reason for Recommendation:			
Termination Prepared By: Date:					
President/CEO Approval: Date:					
Human Resources Approval: Date					
For Office Use Only					
Final Pay/Vacation Time Paid: Benefits Reviewed: Pulled Laserfiche File:					
Terminated in Paylocity: Inactivated in Generations: P.A.F Generated:					

## Separation Form Continued

Termination Type:	VOLUNTARY		INVOLUNTARY		
Termination Memo (continued):					