

Separation Form

Termination Type: **VOLUNTARY** **INVOLUNTARY**

Employee Name: _____ Department: _____
(Last Name, First Name Middle Initial)

Job Title: _____ Last Day Worked: _____

Date of Hire: _____ Termination Date: _____

Soc. Sec. No.: _____ 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

Termination Memo: _____

Continued on Back

Rehire Status: Recommend 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:

