

Notice of Separation

Supervisor to initiate, complete, and submit to Human Resources

Employee Name: _____ Y #: _____

List all positions to be affected:

Position Number, Department & Title: _____ ☐ FT ☐ PT ☐ ADJ ☐ ST

Last Day worked: _____

Position Number, Department & Title: _____ ☐ FT ☐ PT ☐ ADJ ☐ ST

Last Day worked: _____

Check reason and attach relevant documentation (i.e. letter of resignation)

Resignation - Voluntary		Termination - Involuntary		Notes
<input type="checkbox"/>	Retirement: <15 yrs >15 yrs	<input type="checkbox"/>	Dismissal	
<input type="checkbox"/>	End of temporary assignment	<input type="checkbox"/>	Non-Renewal of contract	
<input type="checkbox"/>	Inactive	<input type="checkbox"/>	Reduction in force(layoff)	
<input type="checkbox"/>	Death	<input type="checkbox"/>	Violated rules/policies	
<input type="checkbox"/>	Return to school	<input type="checkbox"/>	Unsatisfactory Performance	
<input type="checkbox"/>	Family reasons or relocate	<input type="checkbox"/>	Absenteeism/tardiness	
<input type="checkbox"/>	Job related hours/work/conditions	<input type="checkbox"/>	Job abandonment	
<input type="checkbox"/>	Health reasons	<input type="checkbox"/>	Other (specify in notes)	
<input type="checkbox"/>	Found new job			
<input type="checkbox"/>	Resignation			

Complete Supervisor Separation Checklist and collect Employee Separation Checklist

Employee forwarding address _____

Supervisor Name _____ Signature _____ Date _____

HR Name _____ Signature _____ Date _____