



Notice of Employee Separation

Employee Name _____ Employee # _____ Dept _____
 Employee Status PFT PPT WAE AUX Position Title _____

Last Date Worked _____ Separation effective date (if different from last date worked) _____

Departments must contact their HR Liaison to discuss rehire eligibility status

Attach all supporting documentation (resignation letters, department letters to the employee, etc.) to this form.
 The employee should be removed from active status for the following reason: (check one)

Retirement:	<input type="checkbox"/> Voluntary Service Retirement	<input type="checkbox"/> Disability Retirement	<input type="checkbox"/> Mandatory Public Safety Retirement
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Voluntary:	<input type="checkbox"/> Relocation (Own Job)	<input type="checkbox"/> Relocation (Spouse's Job)	<input type="checkbox"/> No Return from Leave of Absence
	<input type="checkbox"/> Return to School	<input type="checkbox"/> Personal Reasons	<input type="checkbox"/> Job with Nearby Municipality
	<input type="checkbox"/> Career Change	<input type="checkbox"/> Local Job	<input type="checkbox"/> Pending Disciplinary Action
	<input type="checkbox"/> Health Reasons	<input type="checkbox"/> No Reason Given	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Involuntary:	<input type="checkbox"/> Job Abandonment	<input type="checkbox"/> Driving Record	<input type="checkbox"/> Substance Abuse
	<input type="checkbox"/> Misconduct	<input type="checkbox"/> Poor Performance	<input type="checkbox"/> Layoff (No RIF Rights)
	<input type="checkbox"/> Negotiated Separation Agreement	<input type="checkbox"/> Separation During Probationary Period	<input type="checkbox"/> End of Seasonal Job
	<input type="checkbox"/> Reduction in Force	<input type="checkbox"/> Termination of Grant Fund	<input type="checkbox"/> Death
	<input type="checkbox"/> Separation without Prejudice	<input type="checkbox"/>	<input type="checkbox"/> Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Authorized Department Signature Date Authorized Human Resources Signature Date