

Separation Notice

Provide this form to HR Immediately upon notice of employee leaving

NAME:	IMMEDIATE SUPERVISOR:	
EMPLOYEE ID:	DEPARTMENT:	LAST DAY WORKED:

Instructions: This form is to be completed by the supervisor of the separating employee. Supervisors should obtain employee's signature and statement of reason for separation.

REASON FOR SEPARATION		
<p>In addition to checking reason for separation, give full explanation in space below. For example, if separation is for "another job", indicate company name, starting date, and if they are leaving the area. If employee does not give notice of voluntary separation, note when and how it was determined he/she was separated and give any other relevant information.</p>		
<i>VOLUNTARY</i>	Without notice or reason Another Job Relocation Illness Working Conditions Work Schedule Other	Problem with Supervisor Problem with Co-worker Personal Problem Return to School Retirement Refused Suitable Work LOA - Did not Return Pay
<i>INVOLUNTARY</i>	Absenteeism Insubordination Violation of Work Rules Lack of Work Other	Tardiness Unsatisfactory Performance Refusal to Follow Instruction Job Eliminated or Changed Disability
<p>Explain reason given above in detail.</p> <p>Employee's statement of reason for separation.</p> <p>Is employee eligible for rehire? YES If not eligible or only under certain conditions, explain:</p>		

I acknowledge that the information furnished hereon is true and correct and authorize the release of this document as requested.

EMPLOYEE SIGNATURE

DATE

DEPARTMENT HEAD SIGNATURE

DATE