

**EMPLOYEE SEPARATION FORM**

EMPLOYEE'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNION: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

STATUS: \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_ Other (Specify) \_\_\_\_\_

REASON FOR SEPARATION: \_\_\_\_\_ Voluntary \_\_\_\_\_ Involuntary

Explain: \_\_\_\_\_

**SEPARATION INFORMATION**

Last Day Worked: \_\_\_\_\_ Sick days remaining: \_\_\_\_\_ Vacations Days Remaining \_\_\_\_\_

Eligible for Severance Payout for Sick Time: \_\_\_\_\_ Yes \_\_\_\_\_ No

Eligible for Severance Payout for Vacation Time: \_\_\_\_\_ Yes \_\_\_\_\_ No

Wishes to Withdraw Pension Fund Contribution: \_\_\_\_\_ Yes \_\_\_\_\_ No

Interested in Recall: \_\_\_\_\_ Yes \_\_\_\_\_ No

Eligible for Rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No If no, state reason: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IMMEDIATE SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**Distribution:**

- 1 – Individual
- 1 – Personnel
- 1 – Pension & Benefits
- 1 – Personnel File
- 1 – Payroll