



NOTICE OF SEPARATION FORM

NOTE: Please notify Human Resources at least 48 hours in advance of employee's last day worked if possible.

TO: Human Resources Department

FROM:
Department Head

DATE:

Employee Name:

Social Security Number:

Title of Position:

Regular **Part-time** Termination Effective Date:

- Reason:
- | | |
|--|--|
| 1. <input type="checkbox"/> Resigned | 3. <input type="checkbox"/> Contract not renewed |
| 2. <input type="checkbox"/> Terminated | 4. <input type="checkbox"/> Retired |
| 5. <input type="checkbox"/> Other | |

Last Day Worked:

NOTE: If reason is #1, 2, 3, or 5, please explain:

If a resignation or retirement letter was submitted, please forward to Human Resources with this notice.

Signed: _____
Department Head/Director

NOTE: Please encourage employees to contact Human Resources to schedule an exit interview and to obtain information regarding their paid leave, health insurance, retirement accounts etc.