



**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:

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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.**