NOTICE OF EMPLOYEE SEPARATION

(This form must be delivered to the Agency Payroll Section by Noon the day following the date of separation and Personnel Dept., Records Division no later than 5:00 p.m.)

Department _____

Employee's Name _____ Soc. Sec. No. _____

Classification _____ Employee No. _____

Position No. _____ Payroll No. _____

Effective Date of Separation _____

Reason for Separation:

- ☐ Resigned, Letter attached
- ☐ Quit, Letter attached
- ☐ Released - Lack of work
- ☐ Military Service
- ☐ Death
- ☐ Educational Leave
- ☐ Military Leave
- ☐ Dismissed (Explain below) or Letter attached
- ☐ Retirement
- ☐ Other (Explain below)

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1. If separated due to lack of work or lay-off, has employee been informed of for Unemployment Compensation with Virginia Employment Commission? Yes☐ ☐ (If "No" explain) _____
2. Has employee been advised of Exit Interview? Yes☐ No☐
3. Would rehire? Yes☐ No☐ (If "No" explain) _____
4. Number of days worked, if less than 30 _____
5. Was a definite date for return to work given? Yes☐ No☐ ; Date _____
6. Did employee refuse other work? Yes☐ No☐ ; If yes;

   Date offered _____ Classification _____

   Department _____ Pay rate _____ Hours _____

_____ ; If employee's signature not obtained, why
Signature of Employee _____

Supervisor's Remarks _____

Date _____ Supervisor _____ Division _____

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