

## Separation Notice

NAME:	EMPLOYEE ID:	
DEPARTMENT:	IMMEDIATE SUPERVISOR:	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.

<b>REASON FOR SEPARATION</b>		
<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>		
<b>VOLUNTARY</b>	<input type="checkbox"/> Without notice or reason <input type="checkbox"/> Another Job <input type="checkbox"/> Relocation <input type="checkbox"/> Illness <input type="checkbox"/> Working Conditions <input type="checkbox"/> Work Schedule <input type="checkbox"/> Other	<input type="checkbox"/> Problem with Supervisor <input type="checkbox"/> Problem with Co-worker <input type="checkbox"/> Personal Problem <input type="checkbox"/> Return to School <input type="checkbox"/> Retirement <input type="checkbox"/> Refused Suitable Work <input type="checkbox"/> LOA - Did not Return <input type="checkbox"/> Pay
<b>INVOLUNTARY</b>	<input type="checkbox"/> Absenteeism <input type="checkbox"/> Insubordination <input type="checkbox"/> Violation of Work Rules <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other	<input type="checkbox"/> Tardiness <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Refusal to Follow Instruction <input type="checkbox"/> Job Eliminated or Changed <input type="checkbox"/> Disability
<p>Explain reason given above in detail.</p> <hr/>		
<p>Employee's statement of reason for separation.</p> <hr/>		
<p>Is employee eligible for rehire?    <input type="checkbox"/> YES    <input type="checkbox"/> If not eligible or only under certain conditions, explain:</p> <hr/>		

I certify 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