

Employee Separation Report

Employee Name: _____ ID #: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Employer Name: _____ Position: _____
Department: _____ Division: _____
Supervisor: _____ SSN: _____
Hire Date: _____ Last Date Worked: _____ Date Term.: _____

Reason for Separation

Regular Employee: ☐ Discharge ☐ Layoff ☐ Resignation ☐ Other: _____
Temporary Employee: ☐ End of term ☐ Resignation ☐ Discharge ☐ Other: _____
Reason for Discharge: ☐ Conduct ☐ Attendance ☐ Performance ☐ Medical
Reason for Resignation: ☐ Relocation ☐ New job ☐ Personal Reasons ☐ Retirement
☐ Medical ☐ School ☐ Dissatisfied with job ☐ Family

Administrative Processes

☐ Severance Package: \$ _____ ☐ Vacation Accrued: _____ hours
☐ Benefits Conversion Explained to Employee ☐ Final Pay Processed ☐ Separation Filed
Equipment Returned: ☐ Keys ☐ Garage Pass ☐ ID Badge ☐ Other: _____
Insurance Companies Notified: ☐ Health ☐ Life ☐ Dental ☐ Other: _____

Employee Signature

Date Signed

Supervisor Signature

Date Signed