



Employee Separation Report

Employee Name:	
Department:	Position:
Hire Date:	Last Day Worked:
Effective Separation Date:	

Type of Separation

Voluntary: Resignation
(attach letter of resignation) Personal Quit Without Notice Other: _____

Involuntary: Dismissed Layoff Seasonal/Temporary Other: _____

Reason for Involuntary Separation (if applicable)

Attendance Misconduct Performance

Reduction in Workforce Other: _____

Recommendations

Without Reservation With Reservation Would Not Recommend

Eligible for Rehire?

Yes No

If No, Reason: _____

Additional Comments: _____

Manager/Supervisor Signature: _____ Date: _____

Employee Signature (if available): _____

Employee Name (Print): _____ Date: _____

FOR OFFICE USE ONLY

Final Check Issued Company Materials Returned EASE Updated Health Dental Life

Vacation Due: Days _____; Hours _____

HR Signature: _____ Date: _____