# SEPARATION REPORT

This completed form is to be submitted to Human Resources when the Department has first knowledge of an employee's separation from employment.

| | | | |
|---|---|---|---|
| Employee Name | | G# | |
| Department | | Last Day at Work<br>Last Date to be Paid<br>Last Date on Payroll | __/__/__<br>__/__/__<br>__/__/__ |
| Position | | | |
| Forwarding Address & Phone | ( ) _____<br>Phone<br>_____<br>Street<br>_____<br>City State Zip | | |

| | |
|---|---|
| Specific Reason for Separation | _____<br>_____<br>_____ |

Reason Code: ☐ Voluntary or ☐ Involuntary Separation

Has the Employee Separation Checklist been completed? ☐ Yes ☐ No
If no, date form will be completed: _____ By employee ☐ By HR ☐

***The Employee Separation Checklist form also must be completed and returned to Human Resources***

SIGNATURES:

_____ _____
Department Head Date

_____ _____
Human Resources Official Date