



Separation Form

Position Number: _____ Date: _____

Name: _____ Department: _____

Last Day of Work: _____

Separation is: Voluntary Involuntary

Employee will: **pick up** last check have last check **mailed**
remain on **direct deposit**

If check is to be mailed, give address:

Number	Street	City	State	Zip
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Is Employee Requesting an Exit Interview: Yes No

Separating employee has returned all assigned departmental equipment, including:

- Safety Manual Uniforms Keys Credit Cards Vehicle
- Tools ID Cards Computer/Voice Mail Passwords
- Personal Protective Equipment Cell Phone Pagers Radios

Accumulated Sick Leave: _____

Accumulated Vacation: _____

Director Signature	Date
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Is employee eligible for Retirement? Yes No

Is employee making application for Retirement Benefits? Yes No

COBRA notice has been mailed Yes No

Benefits Coordinator	Date
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Human Resources Director	Date
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Approval to issue final paycheck:

(Approval will not be considered until this form has been signed by the appropriate officials.)

City Manager	Date
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