



SEPARATION NOTICE

Employee Name: _____ Position: _____
 Company: _____ Supervisor: _____
 Start Date: _____ Separation Date: _____ Last Day Worked: _____

- Voluntary Termination (attach Resignation Letter)
- Involuntary Termination (details must be provided)

Reason for Separation:

Was the employee given a reason for discharge?
 Yes No
 Had the employee been previously warned (indicate dates above)?
 Yes No
 Is employee eligible for rehire?
 Yes No

Delivery Method

Direct Deposit

Deliver to Company

Pick up from HCS

Mail to employee

Verify mailing address:

*If check must be voided, a \$40 stop payment & reissue fee applies.

Employee Signature

Employee refused to sign. Employee unavailable for signature,

Supervisor Signature

Date: _____

Human Resources Signature

Date: _____

Hours worked (Reg/OT): ____/____ Vacation/PTO: _____ Other: _____

Final Check Amount: _____