

SEPARATION FROM EMPLOYMENT

EMPLOYEE NAME

SUPERVISORS NAME

PROGRAM

JOB TITLE

SEPARATION DATE

RESIGNATION : (ATTACH A DATED LETTER OF RESIGNATION; AT A MINIMUM THIS LETTER SHOULD STATE THE EMPLOYEE'S RESIGNATION AND THEIR SEPARATION DATE)

APPROPRIATE NOTICE GIVEN YES NO OTHER _____

REASON FOR TERMINATION: (ATTACH WARNINGS GIVEN, IF APPLICABLE)

NOT QUALIFIED

UNSATISFACTORY ATTENDANCE

INSUBORDINATION

OTHER (BE SPECIFIC)

UNSATISFACTORY PERFORMANCE

VIOLATION OF POLICY

EXPLANATION AND DETAILS: _____

WOULD YOU RECOMMEND EMPLOYEE FOR ANOTHER PEOPLE'S PLACE PROGRAM? YES NO CONDITIONALLY
(IF YOU ANSWERED CONDITIONALLY ABOVE ATTACH SUPPORTING DOCUMENTATION)

ALL PEOPLE'S PLACE PROPERTY WAS RETURNED YES NO

CELL PHONE COMPUTER (LAPTOP) CREDIT CARD ID PAGER KEYS OTHER _____

REPLACE STAFF **DO NOT REPLACE STAFF**

JOB POSTING INSTRUCTIONS (CHECK APPROPRIATELY): USE CURRENT POSTING: YES NO
IF NO, ATTACH NEW JOB POSTING. POST EXTERNALLY: YES NO (ALL JOBS ARE POSTED INTERNALLY)

AUTHORIZED BY

DATE

EXECUTIVE DIRECTOR APPROVAL

DATE

SEND ORIGINAL TO ADMINISTRATION

FOR ADMIN/PAYROLL USE ONLY

THIS EMPLOYEE WAS NEVER COUNSELED, WARNED, REPRIMANDED, SUSPENDED OR DISCHARGED AS A RESULT OF REASONABLY SUBSTANTIATED INCIDENTS INVOLVING VIOLENT BEHAVIOR OR THREATS IN THE WORKPLACE, ABUSE OR NEGLIGENCE/NEGLECT OF PATIENTS/CLIENTS/RESIDENTS/CHILDREN. YES NO

E-MAIL DISABLED ON: _____

NETWORK LOG-IN DISABLED ON: _____

EXIT INTERVIEW COMPLETED ON: _____

RECEIVED BY ADMIN

RECEIVED IN PAYROLL/FINANCE

SIGNATURE

DATE

SIGNATURE

DATE

Revised 7/01/2007

