

**EMPLOYEE SEPARATION NOTICE***Shelby County Government*

Employee Name:	<input type="text"/>	SSN#:	<input type="text"/>
Position:	<input type="text"/>	Dept/Office:	<input type="text"/>
Date Of Notice:	<input type="text"/>	Last Day Worked:	<input type="text"/>
Hire Date:	<input type="text"/>	Appropriation Number:	<input type="text"/>
Rate Of Pay Upon Separation:	Hourly: <input type="text"/>	Annually:	<input type="text"/>
Accrued Vacation Days:	<input type="text"/>	Sick Days:	<input type="text"/>
		Personal Days:	<input type="text"/>
Mailing Address:	<input type="text"/>		
	<input type="text"/>		
	Phone Number:	<input type="text"/>	

**Type Of Separation:**

Resignation:	<input type="text"/>	Termination:	<input type="text"/>	Retirement:	<input type="text"/>
Mutual Agreement:	<input type="text"/>	Other:	<input type="text"/>		

**Reason:**

Personal:	<input type="text"/>	Better Opportunity:	<input type="text"/>
Unacceptable Conduct:	<input type="text"/>	Unacceptable Performance:	<input type="text"/>
Unacceptable Attendance:	<input type="text"/>	Other:	<input type="text"/>

**Remarks:**

Supervisor's/Department Head's Comments:	<input type="text"/>
Employee's Comments:	<input type="text"/>

**Signatures:**

<input type="text"/>	<input type="text"/>
(Employee's Signature)	(Department Head/Elected Official's Signature)

**Separation Check List:**

Check List Description	Verifying Signature	Date Completed
Keys Returned (Offices, Vehicles, Etc)		
Computer System Access Removed-Interoffice		
Computer System Access Removed-Network (ISD)		
Removed from Purchasing Accounts		
P.E.R.F. Paperwork Completed		
Insurance Paperwork Completed/COBRA		
Insurance Invoices Updated		
Other:		