

EMPLOYEE SEPARATION NOTICE*Shelby County Government*

Employee Name: SSN#:

Position: Dept/Office:

Date Of Notice: Last Day Worked:

Hire Date: Appropriation Number:

Rate Of Pay Upon Separation: Hourly: Annually:

Accrued Vacation Days: Sick Days: Personal Days:

Mailing Address:

Phone Number: ()

Type Of Separation:

Resignation: Termination: Retirement:

Mutual Agreement: Other:

Reason:

Personal: Better Opportunity:

Unacceptable Conduct: Unacceptable Performance:

Unacceptable Attendance: Other:

Remarks:

Supervisor's/Department Head's Comments:

Employee's Comments:

Signatures:

(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:		