

Employee Separation Report

Name of Employee _____ Social Security # _____
ID # _____ Position _____ Department _____
Supervisor _____ Hire Date ____/____/____ Last Date Worked ____/____/____
Effective Separation Date ____/____/____ Separation Meeting Date ____/____/____ Time _____
Location _____ List of Those Present at Meeting _____

Details of Separation

Type of Separation:

Resignation Layoff Discharge Did not Return to Work from Authorized Leave of Absence
 Other _____ Remarks _____

Reason for Separation:

Personal Other Employment Relocation Retirement Conduct Attendance Performance
 Reduction/Reorganization Other _____ Remarks _____

Final Pay:

Regular Pay Yes No Amount \$ _____
Accumulated Vacation Pay Yes No Amount \$ _____
Other Yes No Amount \$ _____
Date Payable **Total Payable Amount \$** _____

Separation Details Covered During Meeting:

COBRA Rights (Medical insurance coverage terminates on _____) Vacation Due _____ Days _____ Hours
 Trade Secret/Confidentiality Obligations Company Materials/Equipment Returned
 Retirement Savings Distribution Option

Final pay explained to this employee? Yes No Employee informed of benefits conversion policy? Yes No

Changes or requests of the employee that need to be resolved _____

Completed by _____ Date ____/____/____ Employee provided copy? Yes No

Administrative Processing

Final Pay Processed Facility/Systems Rights Completed Separation Noted in Personnel Records
 Employee Records Archived Mail/Pickup Last Paycheck Payroll Adjustment Forms Processed
 COBRA Notification Processed 401(k) 403(b) Option Processed Insurance Companies Notified:
 Life Insurance Conversion Direct Deposit Institution Notified _____ Health — Major Medical & Medical
_____ Life _____ Dental

Completed by _____ Date ____/____/____