Direct HR Services, Inc.
Separation Form

I. EMPLOYEE INFORMATION

COMPANY NAME: EFFECTIVE TERMINATION DATE:

EMPLOYEE NAME (L,F,M): SS#: START DATE:

LAST DATE ACTUALLY WORKED: TURN OFF DIRECT DEPOSIT: Y[ ] N [ ]

- DIRECT DEPOSIT WILL STAY ACTIVE IF NOT MARKED

STREET ADDRESS: APT. #:

CITY, STATE, ZIP: PHONE:

II. REASON(S) FOR SEPARATION

CHECK BOX AND INCLUDE REASONS BELOW FOR SEPARATION

A. **VOLUNTARY RESIGNATION**

[ ] 1 Accepted Another Position
[ ] 2 Health Reasons
[ ] 3 In lieu of Dismissal
[ ] 4 In lieu of Dismissal During Probation
[ ] 5 Job Abandonment (no notice for three or more days)
[ ] 6 Personal/Family Obligations
[ ] 7 Probation Period
[ ] 8 Reduction in Pay and/or Hours
[ ] 9 Relocation
[ ] 10 Residency Completed
[ ] 11 Retirement pending
[ ] 12 School
[ ] 13 Working Conditions
[ ] 14 Other:
[ ] 50 Retired [Benefits Office use only]

B. **LAYOFF**

[ ] 1 Lack of Funds
[ ] 2 Position Abolished
[ ] 3 Reduction in Force

C. **DISMISSAL -- INVOLUNTARY**

[ ] 1 Absenteeism/Punctuality
[ ] 2 Gross Misconduct (Immediate Dismissal)
[ ] 3 Misconduct
[ ] 4 Multiple Reasons
[ ] 5 Probation Period
[ ] 6 Work Performance

D. **OTHER INVOLUNTARY SEPARATIONS**

[ ] 1 Ended Temporary/Term Appointment
[ ] 2 Grant/Contract Expired
[ ] 3 Hired/Never Worked
[ ] 4 LOA, LTD Over One Year
[ ] 5 Required Shifts/Contract Not Met
[ ] 6 Tenure Requirements Not Met
[ ] 7 Worker's Compensation Over One Year
[ ] 8 Deceased
[ ] 9 Other:

III. REASONS FOR SEPARATION

ADDITIONAL COMMENTS:

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_____

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IV. SIGNATURES

Employee/Date: Supervisor/Date:

Department Head/Date: Human Resources/Date:

V. DOCUMENTS ATTACHED *[ ] NO [ ] YES, as listed:*

[ ] Letter of Resignation [ ] Performance Appraisal / Probation Form
[ ] Lump Sum Payment Form [ ] Involuntary Termination Check Request (delivered directly to Payroll)
[ ] Notice of Layoff [ ] Other: