

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]

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:

B. LAYOFF

- 1 Lack of Funds
- 2 Position Abolished
- 3 Reduction in Force

III. REASONS FOR SEPARATION

ADDITIONAL COMMENTS:

IV. SIGNATURES

Employee/Date:	Supervisor/Date:
Department Head/Date:	Human Resources/Date:

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

- | | |
|--|--|
| <input type="checkbox"/> Letter of Resignation | <input type="checkbox"/> Performance Appraisal / Probation Form |
| <input type="checkbox"/> Lump Sum Payment Form | <input type="checkbox"/> Involuntary Termination Check Request (delivered directly to Payroll) |
| <input type="checkbox"/> Notice of Layoff | <input type="checkbox"/> Other: |