# NOTICE OF SEPARATION / INACTIVE STATUS

|  |  |  |  |
| --- | --- | --- | --- |
| SS# | Name (Last) (First) (MI) | | Location |
| Date of  Report | Position Held | Employment Date | Status  1 2 3 4 5 6 |
| Last Day  Worked | Exit Interview has been scheduled Exit Interview Declined | | 1 Full-time 4 Temporary  2 Part-time 5 W.C. LOA  3 Casual 6 LOA |

🖵 Resigned, Notice Given 🖵 Resigned, Insufficient Notice 🖵 Resigned, No Notice

🖵 Discharged, Probationary Period 🖵 Discharged, Poor Performance 🖵 Discharged, Job Abandonment

🖵 Discharged, Policy Violation 🖵 Inactivate, Leave of Absence  
🖵 Inactivate, Competency Deficiencies

*[NOTE: Attach copy of resignation if applicable.]*

The following items have been cleared with the employee if applicable:

🖵 Address for final paycheck 🖵 Health plan continuation

* Return of all office keys and ID Badge 🖵 Return of cell phone, Bluetooth, car and home chargers
* Return of nursing bag & equipment distributed on and during hire 🖵 Return of company uniforms
* Return of laptop computer and all accessories (bag, car and home  
  chargers, cords and attachments)

Manager Comments:

Eligible for rehire? 🖵 Yes 🖵 No 🖵 Review

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Signature Date

## FOR TALENT MANGEMENT USE ONLY

Actual Last Working Day: Termination Date: IT Notified: 🖵 Yes 🖵 No 🖵 N/A

Eligible for PTO Payout: 🖵 Yes 🖵 No 🖵 Hold Pending Return of Equipment

Pay-in-lieu of working resignation: 🖵 Yes 🖵 No # of hours

Benefits Termination Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Severance Pay 🖵 Yes 🖵 No \_\_\_\_\_\_\_\_\_ Weeks

Talent Management Date