

# SEPARATION FROM EMPLOYMENT

EMPLOYEE NAME

SUPERVISOR NAME

PROGRAM

JOB TITLE

SEPARATION DATE

**RESIGNATION :** (ATTACH A DATED LETTER OF RESIGNATION AND ACCEPTANCE; AT A MINIMUM THIS LETTER SHOULD STATE THE EMPLOYEE'S RESIGNATION AND THEIR SEPARATION DATE.)

**APPROPRIATE NOTICE GIVEN**  YES  NO  OTHER \_\_\_\_\_

**REASON FOR TERMINATION:** (ATTACH WARNINGS GIVEN, IF APPLICABLE )

NOT QUALIFIED  UNSATISFACTORY ATTENDANCE  INSUBORDINATION  
 OTHER (BE SPECIFIC)  UNSATISFACTORY PERFORMANCE  VIOLATION OF POLICY  
 TRANSFER TO ANOTHER PROGRAM

EXPLANATION AND DETAILS: \_\_\_\_\_

WOULD YOU RECOMMEND EMPLOYEE FOR ANOTHER PEOPLE'S PLACE PROGRAM?  YES  NO  CONDITIONALLY  
(IF YOU ANSWERED CONDITIONALLY ABOVE ATTACH SUPPORTING DOCUMENTATION)

**ALL PEOPLE'S PLACE PROPERTY WAS RETURNED**  YES  NO

CELL PHONE  COMPUTER (LAPTOP)  CREDIT CARD  ID  PAGER  KEYS  OTHER \_\_\_\_\_

REPLACE STAFF  DO NOT REPLACE STAFF

**JOB POSTING INSTRUCTIONS (CHECK APPROPRIATELY):** USE CURRENT POSTING:  YES  NO  
IF NO, ATTACH NEW JOB POSTING. POST EXTERNALLY:  YES  NO (ALL JOBS ARE POSTED INTERNALLY)

AUTHORIZED BY

DATE

EXECUTIVE/ASSOCIATE DIRECTOR  
APPROVAL

DATE

**SEND ORIGINAL TO ADMINISTRATION**

## FOR ADMIN/PAYROLL USE ONLY

THIS EMPLOYEE WAS NEVER COUNSELED, WARNED, REPRIMANDED, SUSPENDED OR DISCHARGED AS A RESULT OF REASONABLY SUBSTANTIATED INCIDENTS INVOLVING VIOLENT BEHAVIOR OR THREATS IN THE WORKPLACE, ABUSE OR NEGLIGENCE/NEGLECT OF PATIENTS/CLIENTS/RESIDENTS/CHILDREN.  YES  NO

E-MAIL DISABLED ON: \_\_\_\_\_

NETWORK LOG-IN DISABLED ON: \_\_\_\_\_

EXIT INTERVIEW COMPLETED ON: \_\_\_\_\_

RECEIVED BY ADMIN

RECEIVED IN PAYROLL/FINANCE

SIGNATURE

DATE

SIGNATURE

DATE

