



SELAH SCHOOL DISTRICT SEPARATION OF EMPLOYMENT

A. EMPLOYEE INFORMATION

EMPLOYEE NAME			
	Last Name	First Name	Middle Name
Separation Type	<input type="checkbox"/> RESIGNED <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RIF <input type="checkbox"/> NON-RENEWED <input type="checkbox"/> OTHER, Explain:		
Separation Date Notified	_____ Last Day Worked: _____ <small>mm/dd/yyyy</small> <small>mm/dd/yyyy</small>		
Position	_____		
Location	_____		
Employee's Explanation for Separation	_____		
Letter or Email Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee's Signature	_____ DATE: _____ <small>mm/dd/yyyy</small>		
Supervisor's Remarks	_____ _____		
Human Resources/ Administrator	_____		
Signature	_____		
Date <small>(mm/dd/yyyy)</small>	_____		

B. Exit Processing

Email Sent	Date: _____
Appointment Scheduled	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____
File Archived	Date: _____
Notes	_____

To be completed by Human Resources (check box, initial, and date)

<input type="checkbox"/> Emailed Date _____	<input type="checkbox"/> EdRM Date _____	<input type="checkbox"/> Application System-Removed Employee Role _____
<input type="checkbox"/> Payroll Date _____	<input type="checkbox"/> EMS Date _____	<input type="checkbox"/> Safe Schools _____