



# Separation from Employment Form

Employee Name: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_

Location: \_\_\_\_\_

Last Day of Employment: \_\_\_\_\_

Reason for Separation

Retirement

New Job

Moving

Personal Reasons

\_\_\_\_\_  
Employee Signature

Supervisor \_\_\_\_\_

**Supervisor:** Please sign that you are in receipt of this form. Also, please make arrangements with your employee to collect all district property prior to the last day of employment. This includes but is not limited to keys, key card, fob, District-issued device, District-issued cell phone, P-card.

## HR/BUSINESS OFFICE

Human Resources		Benefits Coordinator	
	Enter on Personnel Table		Contact employee regarding COBRA
	Board Agenda:		Closeout Medical
	Communicate separation to Payroll		Closeout Dental
	Enter end date in Skyward		Closeout Vision
	Closeout File		Closeout Life
			Closeout Flex
Payroll			Closeout File
	Pay unused vacation days on final check		
	IMRF – term		
	Deactivate in Skyward		
	Closeout File		