

**TOWN OF SOUTHAMPTON**

**PERSONNEL SEPARATION FORM**

(To be completed by department heads in the event of separation)

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**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_  
                    First                                    Last

Department: \_\_\_\_\_

( ) Date of Hire \_\_\_/\_\_\_/\_\_\_\_\_

Last working day \_\_\_/\_\_\_/\_\_\_\_\_

Was adequate notice given? ( ) Yes ( ) No

Vacation time due \_\_\_\_\_

( ) Resignation

(Please attach accrual printout from Treasurer)

( ) Retirement

( ) Other \_\_\_\_\_

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**TOWN PROPERTY CHECK OFF**

( ) Employee has turned in all keys to building and office

Received by \_\_\_\_\_

( ) Employee has turned in all equipment

Received by \_\_\_\_\_

( ) Employee has turned in all uniforms

Received by \_\_\_\_\_

**\*No payment of vacation time will be paid until all town property is returned\***

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**TREASURER'S OFFICE USE ONLY**

Is Employee Insured ( ) Yes ( ) No

( ) Insurance Refund Due

Amount Due \_\_\_\_\_

Treasurer's Initials \_\_\_\_\_

( ) Cobra Packet Issued

Date Mailed \_\_\_/\_\_\_/\_\_\_\_\_

( ) Direct Payment (Retirees)

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**SIGNATURES**

Department Head \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Department \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_