

SUPERVISOR REPORT OF RESIGNATION/SEPARATION

To: Human Resources

Date: _____

The following employee has severed his/her employment without a written resignation.
Please notify the appropriate department.

Employee Name _____

Job Title _____

Work Location _____

Last Day Worked _____

Did employee complete scheduled work hours? Yes ☐ No ☐

Reason given for leave or circumstances of the separation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Educational Purposes | <input type="checkbox"/> Moved Out of Area | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Left Field of Education |
| <input type="checkbox"/> Other Employment | <input type="checkbox"/> Other – Please explain | |

Supervisor Name _____

Date _____