



Separation Form

Revised: 05/21/19

COMPLETE FOR ALL EMPLOYEES WHO END EMPLOYMENT FOR ANY REASON, REGARDLESS OF POSITION
RETURN COMPLETED FORM TO HUMAN RESOURCES ALONG WITH LETTER OF RESIGNATION

School Name _____ Date Completed _____/_____/_____

EMPLOYEE

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Current Position Title _____ Last Day Worked _____/_____/_____

If this is a separation, would you consider rehiring? Yes ☐ No ☐ **For Internal Use Only

If no, why not? _____

REASON FOR SEPARATION

Voluntary separation due to:

Better opportunity	☐
Compensation/Benefits	☐
Commuting distance	☐
Moving out of area	☐
Organizational issue	☐
Personal/Family	☐
Retirement	☐
Other	☐

Involuntary separation due to:

Absenteeism	☐
Employee death	☐
Failure to return from LOA	☐
Non-renewable contract	☐
Job performance failure	☐
Misconduct	☐
Reduction in force (RIF)	☐
Total & permanent disability	☐
Other	☐

Comments _____

FORWARDING INFORMATION – If different than current

Mailing Address _____

Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

ADDITIONAL COMMENTS

SUPERVISOR'S SIGNATURE

Sign Here _____

CENTRAL OFFICE

Reviewed by:

Benefits _____ Finance _____ Date Entered in System _____