Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
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HUMAN RESOURCES

EMPLOYEE WITHDRAWAL/TERMINATION FORM

Date of Form Completion: _____ Effective Date: _____

School/Location: _____

Employee Name: _____

Reason for Withdrawal/Termination:

____ Resignation (Attach Resignation Letter)

____ Retirement (Attach Retirement Letter)

Number of Leave Days Available: _____ Number of Leave Days Paid: _____

____ Dismissal (Attach Final Dismissal Documents)

____ Other Details: _____

Address: (check one)

_____ Send final check (if applicable) and final W-2 form to the address on file.

_____ Send final check (if applicable) and final W-2 from to a new address listed below:

Address: _____
City, State, Zip Code

Phone Number: _____

Authorized By: _____ Acknowledged By: _____
Supervisor Employee

Principal/Supervisor:

Capital Assets in employee's custody verified and received: _____ _____
Principal/Supervisor Date

District keys returned: _____ _____
Principal/Supervisor Date

Payroll/Personnel Use Only:

School Board Acceptance Date: _____ Payroll Finalization Date: _____

_____ _____
Payroll Specialist Date

PERS Final Reporting Month: _____ PERS Form Completed: _____ By: _____

COBRA Notification Date: _____