

Termination Form

Employee name (last name, first name, MI) _____ Employee # _____

Supervisor name (last name, first name, MI) _____ Department _____

Position name _____ Job name _____

Effective date (last day of work): _____

Is the employee on a probationary status? Yes No

Has the employee returned all County property, including badges and keys? Yes No

Reason for termination: _____

Employee must complete their timecard and submit it to their supervisor for approval on their last day of work

Please list all dates and hours worked during the pay period the termination occurs or attach a copy of the completed timecard: REMINDER: Do not use LWOP or any other hours types on days after the termination date.

Date:	Hours Type:	Number of hours:

Does this employee supervise anyone? Yes No Replacement supervisor: _____

Note: If the replacement supervisor is not the Terminated Employee's supervisor a Human Resources Action form will need to be completed for each direct report to the Terminated Employee.

Resignation letter or other supporting documentation is mandatory. Please attach when submitting approved form.

Signatures:

Originated by: _____ Date: _____

Agency Representative: _____ Date: _____

HR Division Rep: _____ Date: _____

HR Director: _____ Date: _____

HRMS/STEP entry: _____ Date: _____

Audit: _____ Date: _____