

TIPPECANOE COUNTY GOVERNMENT

Employment Termination Form

(Revised February 2012)

*This form must be completed, by the department, whenever an employee leaves employment. The form must be submitted to Human Resources **within 24 hours** of the event. (i.e.: notice given, termination, etc..) The original letter of resignation must be attached to this form.*

Name of Employee _____

Department: _____ Job Title: _____

Social Security #: _____ Date of Birth: _____

Reason for Separation: _____

Last Day Worked: _____ If FMLA Last Day Pay Status: _____

Two weeks notice given if applicable: Yes No

PAID TIME COMING: Comp: _____ Vacation _____ Other: _____

Explain "Other" time coming: _____

Name of person completing this form: _____

Date Completed: _____ Title: _____

This question must be completed by the immediate supervisor:

Would you rehire this person: Yes No

Supervisor's Signature: _____ Date: _____

HR Use Only:

Date Received: _____ Received by: _____

Within 24 Hours? (Y/N): _____ Entered in Computer: _____

Insurance Stop Date: _____ ANTHEM Notification Date: _____

MITS Dept. Notification Date: _____ FLEX Notification Date: _____

Sheriff Dept. Notification Date: _____ LIFE/LTD Notification Date: _____

Payroll Notification Date: _____ INFINISOURCE Notification Date: _____

Human Resource Director Signature: _____ Date: _____

Payroll Bookkeeper Signature: _____ Date: _____

PERF: _____

TF: _____