BUTLER COMMUNITY COLLEGE
SEPARATION NOTICE

Employee Name:_____   Employee ID_____

Position:_____   Dept./Div._____

Position # _____

Date Hired:_____   Date Separated:_____

Working Hours:_____am/pm   to   _____am/pm

Paid Overtime?	Union Involved?
☐ Yes	☐ Yes
☐ No	☐ No

The facts surrounding the separation are as follows: (use reverse side if needed)

_____
_____
_____
_____

☐ Voluntary Quit   ☐ Discharge   ☐ Lack of Work

Would you rehire this individual? ☐ Yes   ☐ No

_____   _____
Employee's Signature   Date

_____   _____
Supervisor's Signature   Date

This form should be completed immediately at separation time on any full-time, part-time or student employee and submitted to Human Resources.

Office Use
   Separation Pay?   ☐ Yes   ☐ No   Earnings Codes:

   If Yes: $_____Sick pay (max. 120 hours)   _____
           $_____Vacation pay   _____
           $_____Comp. Time Hours   _____
           $_____Early Retirement Pay   _____

   FNG Units: ____
   Withhold Insurance Premiums? ☐ Yes   ☐ No

   Other: _____