

Notice of Termination/Status Change Form

Name:		Social Security Number:	
Employment Date:	Last Day Worked:	Last Day Paid Thru:	Term/Payroll Date:
Department Name:	Employee Type:	IFAS Position #:	

REASON

Please check appropriate action and circle detail. Attach resignation or any documented support.

- 01 Lack of Work**
- Reduction in Force (RIF). End of Seasonal or Temporary Employment.
- 03 Separation of Employment (Voluntary)**
- Notice employee quits, abandoned job, relocates, family obligations, accepts another job, etc.
- Other:** _____

- 04 Separation of Employment (Involuntary)**
- Violation of County Rules or Policies, absenteeism, fighting, poor performance, refusal to work, did not meet probationary requirements, etc.
- Other:** _____

- 07 Leave of Absence**
- Military Leave (Attach Copy of Orders), FMLA, Worker's Compensation, Unpaid Leave

- 08 Retirement** **Date:** _____

- 90 Miscellaneous**
- Death, Transfer, Change of Employee Type

Please Check Employee Type **F.T.** **H.T.** **P.T.**

If transferring, please complete the following:

New Dept Name: _____ **New Job Title:** _____

New Position #: _____

Date Notice Given By/To Employee:
Employee's Signature:
Supervisor's Signature:
Witness Signature (If Employee Refuses to Sign):

