



EMPLOYEE SEPARATION NOTICE

CLIENT NAME: _____

EMPLOYEE NAME: _____ SS #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TERM DATE: _____ HIRE DATE: _____

LAST DAY WORKED: _____ POSITION: _____

REASON FOR SEPARATION (choose one)

- | | |
|--|---|
| <input type="checkbox"/> VOLUNTARY LEAVING (QUIT) | <input type="checkbox"/> DISCHARGED (FIRED) |
| <input type="checkbox"/> LACK OF WORK (R.I.F.) | <input type="checkbox"/> LEAVE OF ABSENCE |
| <input type="checkbox"/> NOT PHYSICALLY ABLE TO WORK | <input type="checkbox"/> SCHOOL EMPLOYEE CONTRACT |
| <input type="checkbox"/> REFUSED OTHER SUITABLE WORK | <input type="checkbox"/> LABOR DISPUTE |
| <input type="checkbox"/> OTHER (describe below): | <input type="checkbox"/> RETIREMENT/PENSION |

attach additional documentation as necessary

Final Paycheck Compensation and Deductions

Must be reported on payroll timesheet:

Vacation : \$ _____ Severance : \$ _____

Deduction Owed by EE: \$ _____ Deduct Reason _____

SIGNATURES

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Final Check: Mail P/U at Delta Send check with payroll Deposit

DAS Internal Use Only

	Benefit \$	Deduction \$		Benefit \$	Deduction \$
Health Insurance	_____	_____	STD/LTD (circle one)	_____	_____
Dental	_____	_____	Flex Spending	_____	_____
Vision	_____	_____	Life Insurance	_____	_____

Payroll Date Received & Entered: _____ Processed by: _____

E-mail to: dashr@deltapeo.com OR Fax to: (504) 212-0094