

# NOTICE OF EMPLOYEE SEPARATION

(This form must be delivered to the Agency Payroll Section by Noon the day following the date of separation and Personnel Dept., Records Division no later than 5:00 p.m.)

Department \_\_\_\_\_

Employee's Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Classification \_\_\_\_\_ Employee No. \_\_\_\_\_

Position No. \_\_\_\_\_ Payroll No. \_\_\_\_\_

Effective Date of Separation \_\_\_\_\_

Reason for Separation:

- |  |  |
|--|--|
| <input type="checkbox"/> Resigned, Letter attached | <input type="checkbox"/> Educational Leave                               |
| <input type="checkbox"/> Quit, Letter attached     | <input type="checkbox"/> Military Leave                                  |
| <input type="checkbox"/> Released - Lack of work   | <input type="checkbox"/> Dismissed (Explain below)<br>or Letter attached |
| <input type="checkbox"/> Military Service          | <input type="checkbox"/> Retirement                                      |
| <input type="checkbox"/> Death                     | <input type="checkbox"/> Other (Explain below)                           |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. If separated due to lack of work or lay-off, has employee been informed of for Unemployment Compensation with Virginia Employment Commission? Yes  No   
(If "No" explain) \_\_\_\_\_

2. Has employee been advised of Exit Interview? Yes  No

3. Would rehire? Yes  No  (If "No" explain) \_\_\_\_\_

4. Number of days worked, if less than 30 \_\_\_\_\_

5. Was a definite date for return to work given? Yes  No  ; Date \_\_\_\_\_

6. Did employee refuse other work? Yes  No  ; If yes;

Date offered \_\_\_\_\_ Classification \_\_\_\_\_

Department \_\_\_\_\_ Pay rate \_\_\_\_\_ Hours \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_ ; If employee's signature not obtained, why \_\_\_\_\_

Supervisor's Remarks \_\_\_\_\_

Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Division \_\_\_\_\_