**Office of Human Resources Management**

**Employee Separation Form**

**Identifying Information:**

Name:

 Employee ID Number:

Department: Separation Date:

Reason for Leaving:

*Do not use “NO REASON GIVEN”*

W-2 Mailing Address if different from address on file with the Office of Human Resources Management:

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

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

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

# Return of County Property/Other:

|  |  |  |
| --- | --- | --- |
| Building Access Pass | Mainframe Security | Travel Advance |
| Cellular/Mobil Phone | Memberships/Subscriptions | Travel Expense Report |
| County Equipment | Pager | Vehicle & Log |
| County ID | PDA’s | Voice Mail and Email Passwords |
| Credit Cards/Purchase Cards | Parking Permit | Uniform / Clothing Returned |
| Keys (office, car, etc) “labeled” | Performance Appraisals | Work-in-progress Updates |
| LAN Security | Petty Cash | Other |
| Laptop/Office Equipment | Remote Access |  |

**Disbursement of Final Pay/Leave Check:**

Release to Department Direct Deposit

Mail to:

# Financial Disclosure Statement:

I understand that I have sixty (60) days to complete and file a Financial Disclosure Statement with the County.

**Initials**

# Leave Disposition:

Lump sum cash payment of **new** annual leave up to 360 hours, or Lump sum cash payment of **old** annual leave, or

Lump sum cash payment of a **combination of old and new** annual leave - up to 360 hours.

Lump sum cash payment of **old** sick leave paid per applicable salary schedule Convert sick leave for retirement credit

Retain \_\_\_\_\_\_ hours of sick leave balance in leave record Retain Retain \_\_\_\_\_\_ hours of annual leave balance in leave record

Ineligible for Payment. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Donation:** Employee (name) (agency) (# hours)

Military Leave Bank (# hours) Specify - Annual / Personal / Compensatory / Discretionary

*Attach appropriate form(s).*

# I understand that this authorization becomes irrevocable ten (10) working days after my separation date.

Employee Signature / Date Departmental HR Liaison / Date

Departmental IT Coordinator / Date OHRM Representative / Date

*Distribution List: Finance/Payroll – White OHRM/Performance Management – Yellow Employee- Pink*

PGC Form 4281 (12/04)