

Rockingham County Employment Separation Report

EMPLOYEE INFORMATION

Completed by employee: Retirement Resignation Last Day to Work: ____/____/____

Name: _____ Email: _____

Address: _____ Phone: _____

Note: Your final paycheck may not be direct deposited. Mail my final paycheck I will pick up my final paycheck

Signature: _____ Date: ____/____/____

Completed by employer:

Job Title: _____ Employee #: _____ Date of Hire: ____/____/____

Department: _____ Manager: _____

Date Notice Given: Verbal: ____/____/____ Written: ____/____/____

Last Day Scheduled to Work: ____/____/____ Separation Effective Date: ____/____/____

Signatures:

Department Head/Manager: _____ Date: ____/____/____

O/DD: _____ Date: ____/____/____

Human Resources Completes This Section:

Insurance Coverage End Dates:

Health or Buyout, Dental, Vision	Life, STD, LTD, Colonial

Eligible for Longevity Payment: Yes No
 Amount: 5 Years/\$150 10 Years/\$300 15 Years/\$450 20 Years/\$750 25 Years/\$1,000

Years of Service	Percentage of ET Accruals to be paid out
0 through 4	25%
4+ through 14	50%
14+ through 20	75%
After 20	100%

Estimated Separation Payout (hours)	Percent payout	Hours
Earned Time		
Holidays	100%	
Comp. Time or Other (specify)	100%	
Pay in lieu of Employer Notice		

Notes, Special Conditions or Payouts

Pay within 72 hours? Yes No

HR initials: _____ Date: _____ Dir. of HR initials: _____ Date: _____ Finance initials: _____ Date: _____

Sent to Payroll: _____ Date received from Payroll: _____

Director of HR: _____ Date: ____/____/____