Human Resources Received:

Out-Processing or Change to Non-Benefits Eligible Status

Name: _____ Employee #: _____

Position: _____ O/DD: _____

Non-Exempt/Hourly: $_____ Exempt/Biweekly: $_____

Shift: ☐ 1st ☐ 2nd ☐ 3rd | Part Time Biweekly Hours: _____ Location #: _____

Evaluation Date: _____ Date of Hire: _____

Change in Status:

Effective Date of Change: _____

Position: _____ Loc #:_____ Shift: ☐ 1st ☐ 2nd ☐ 3rd

Pay Rate: $_____ New Evaluation Date: _____

☐ Per Diem ☐ Part-Time/No Benefits (Less than 24 Hours a Week) Biweekly Hours: _____

☐ Retiring Under NHRS and Changing to Part Time/Benefit Eligible (24-32 Hours a Week)

☐ NHRS Annuitant: ☐ Group 1 ☐ Group 2 (Certified? ☐ Yes ☐ No)

Employee Signature: _____ Date: _____

End of Employment:

☐ Voluntary Separation ☐ Involuntary Termination ☐ Retirement

☐ Lay Off ☐ Deceased ☐ End of Temporary Assignment

☐ Eligible for rehire ☐ Not eligible for rehire

☐ Discharge/removal during initial evaluation period or for cause, such as theft or immoral conduct (no ET payout).

☐ Involuntary Termination, not for cause

LTC Department Head Initials:_____

O/DD: _____ Date: _____

Director of HR: _____ Date: _____

If Applicable

BOC Signatures: _____ _____ _____

HR Use Only

HR Initials: _____

Last Revised: 01/2020