



# ROCKINGHAM COUNTY

## Employment Separation Report – Corrections Officers

### EMPLOYEE INFORMATION

Completed by employee:     Retirement     Resignation

Name: \_\_\_\_\_ Last Day to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail my final paycheck     I will pick up my final paycheck

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by employer:

Job Title: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Verbal Notice Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Written Notice Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day Scheduled to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_    Discharge/Removal/Separation Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exit Interview scheduled with Human Resources

Estimated Separation Payout (hours)	Voluntary	Involuntary
Pay in lieu of Employer Notice		
Vacation balance (paid according to CBA)		
1/2 of Sick Time balance (if leaving County with 5 years of continuous service and in good standing)		
Holidays		
Comp Time		

Signature: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Special Conditions or Payouts

Pay within 72 hours?    Yes    No

### 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

HR initials: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Payroll: \_\_\_\_\_ Date received from Payroll: \_\_\_\_\_

Dir. of HR initials: \_\_\_\_\_ Date: \_\_\_\_\_

Finance initials: \_\_\_\_\_ Date: \_\_\_\_\_    Director of HR: \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_