



# Rockingham County Employment Separation Report

## EMPLOYEE INFORMATION

**Completed by employee:**       Retirement    Resignation   Involuntary Termination      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: \_\_\_/\_\_\_/\_\_\_

### Department of 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    30 Years/\$1,250    40 Years/\$1,500

<u>Years of Service</u>	<u>Percentage of ET Accruals to be paid out</u>
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 #1 initials: \_\_\_\_\_ Date: \_\_\_\_\_

Finance #2 initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

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