



Separation from Service

Employee Name: _____ Employee ID: _____

Dept: _____ Unit: _____ Full-time _____ Part-time _____

Date of Separation: _____ Last Day Worked: _____ Last Day Paid: _____

Personal Email Address: _____

Mailing Address Change: _____

Reason for Separation

(Check one and attach documentation)

REASON	Code		REASON	Code	
Advancement/Better Opportunity	ADV		Leaving Work Force	LWF	
Better Benefits	BEN		Medical	MED	
Better Pay	PAY		Performance	PER	
Better Working Conditions	CON		Relocation	RLC	
Death	DTH		Resigned During Investigation	RIN	
Education	EDU		Resigned In Lieu of Termination	RIT	
End of Assignment	EAS		Retirement – Drawing Check	RET	
Job Abandonment/Left Without Notice	JBA		Standards Not Met	STA	

OTHER REASON:

COMMENTS:

Rehire Status

(Check one)

- Eligible
- Not Eligible Within the Department
- Not Eligible Within the County

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Division Manager Signature _____ Date _____

Elected Official/Department Head Signature _____ Date _____