

**NOTICE OF SEPARATION FORM**

***NOTE: Please notify Human Resources at least 24 hours in advance of employee’s last day worked, if possible. Encourage regular employees to contact Human Resources to schedule an exit interview and to obtain information regarding their paid leave, health insurance, retirement accounts etc.***

**TO:** Human Resources Department

**FROM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Department Head/Director

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee’s Name:**

**Empl ID:**

**Title of Position:**

**Employment Type:** Regular\_\_\_ Contingent\_\_\_ Student\_\_\_

**Termination Effective Date:**

**Last Day Worked:**

**Reason:** 1. 1. Resigned\_\_ 2. Terminated\_\_ 3. Contract not renewed\_\_\_

4. Retired\_\_ 5. No longer eligible for student employment\_\_

6. Other\_\_

**If reason is #1, 2, 3, or 6, please provide additional comments or explanation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If a resignation or retirement letter was submitted, please forward to Human Resources with this notice.**

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

Department Head/Director

|  |  |
| --- | --- |
|  | Do Not Rehire (State of MD, Do Not Rehire) |
|  | End Temporary Employment |
|  | Job Abandonment |
|  | Misconduct |
|  | Resignation |
|  | Unsatisfactory Performance |
|  | Violation of Rules / Progressive Discipline  |

**Termination Reason, to be completed by HR Administrator:**

 HR Administrator’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_