

SEPARATION NOTICE Your Advanced Business Partner

Employee Name:	ient Name:	Date:					
Hire Date:	nployee Name:						
Department: Position:	ddress:	City:	ST:	Zip:			
We ask for your address for the purpose of mailing your final check & COBRA notifications. VOLUNTARY (Attach letter of resignation and check all that apply.) No Reason Given Retirement Description Relocation Personal Dob opportunity Return/Attend School Other (please give detail be	re Date:	Termination Date	e:				
VOLUNTARY (Attach letter of resignation and check all that apply.) No Reason Given Retirement Description Relocation Description Return/Attend School Description	epartment:	Position: _					
□ No Reason Given □ Retirement □ Job Abandonment □ Relocation □ Personal □ No Show/ No Call □ Job opportunity □ Return/Attend School □ Other (please give detail be							
Relocation Personal No Show/ No Call Job opportunity Return/Attend School Other (please give detail be							
Job Requirement Change	Relocation Person Job opportunity Return Work Environment Dissat	nal n/Attend School	No Shov	v/ No Call			
INVOLUNTARY (Attach record(s) of counseling and check all that apply.)	INVOLUNTARY (Attach record(s) of counseling and check all that apply.)						
Absenteeism Tardiness Failure to Follow Instructions Failure to Meet Job Standard Violation of Safety Falsification Insubordination Failure to Follow Instructions Gross Misconduct Other (please give detail by Failed Probationary Period	Tardiness Failure Violation of Safety Violat Falsification Failed	e to Meet Job Standard ion of Company Policy	Gross N	lisconduct			
LAYOFF (Check all that apply.)	YOFF (Check all that apply.)						
□ Lack of Work □ Location Closed □ Other (please give detail b □ Job Elimination □ Seasonal Employment	·		Other (p	olease give detail below			
EMPLOYEE ACKNOWLEDGEMENT	LOYEE ACKNOWLEDGEMENT_						
By my signature below, I certify that I have not been injured during my work shift(s), nor have I witnessed an accident resulting in injury to someone else during my employment.				nor have I			
EMPLOYEE SIGNATURE: DATE:	PLOYEE SIGNATURE: DATE:						
Employee was not available to sign. Employee refused to sign. Did you notify your Human Resources Department prior to taking separation action? Yes	i? Yes No						
MANAGER SIGNATURE:	ANAGER SIGNATURE:						
WITNESS SIGNATURE:*If employee is on direct deposit, do you want the final check to be paper or direct depo				direct deposit?			
FOR COMPANY USE ONLY							

Compensation Type	Date To Be Paid	Period Covered	Amount Paid (Gross)
Vacation			\$
Severance			\$
In-Lieu-Of-Notice			\$