



## EMPLOYEE SEPARATION REPORT

Risk Management: 707-268-3664

Personnel: 707-476-2349

Send the Yellow Original and one copy of the Employee Separation Report with all attachments to Personnel with PPAF

EMPLOYEE NAME:

SSN:

EMPLOYER: County of Humboldt

DEPARTMENT NAME:

BRANCH/DIVISION:

DEPARTMENT NUMBER:

DATE OF HIRE: / / LAST DAY WORKED: / / EFF. DATE TERM: / /

POSITION (JOB TITLE):

REGULAR: [ ] EXTRA HELP: [ ]

### REASON FOR SEPARATION

REGULAR EMPLOYEE: DISCHARGE: [ ] RESIGNATION: [ ]

REGULAR EMPLOYEE: REDUCTION IN FORCE (LAY OFF): [ ]

EXTRA HELP: END OF APPOINTMENT: [ ] INTERMITTENT: [ ] RESIGNATION: [ ]

EXPLANATION (If documentation needs further clarification):

**VOLUNTARY RESIGNATION:** (*Attach Employee's Resignation*)

Was Notice Given 2 Weeks Prior to Last Day Worked? YES [ ] NO [ ]

- [ ] Personal Reasons
- [ ] To Leave the Area
- [ ] Other Employment
- [ ] To Attend School
- [ ] Dissatisfied with Job
- [ ] Family
- [ ] Retired
- [ ] Other (Explain Above)

**DISCHARGE:** (*Attach notice of Intent & Notice of Disciplinary Action*)

- [ ] Disciplinary Action
- [ ] Medical Termination
- [ ] Failed to Meet Standards During Probation Period
- [ ] Other (Explain Above)