**SEVERANCE FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE INFORMATION** | | | | |
| EMPLOYEE ID | FIRST NAME | MIDDLE NAME | LAST NAME | |
|  |  |  |  | |
| POSITION | | REGULAR/TERM/CASUAL | FULL/PART TIME | PART TIME (%) |
|  | |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEAVING [ORGANIZATION]** | | | | | |
| ACTION REASON (see back for options) | | LAST DAY TO BE PAID (YYYY/MM/DD) | | VACATION OWING (HOURS) | SEVERANCE PAY (HOURS)  (if applicable) |
|  | |  | |  |  |
| ***IF VACATION AND/OR SEVERANCE TO BE PAID OUT OF DIFFERENT ACCOUNT THAN SALARY*** | | | | | |
|  | BUDGET | | ACCOUNT | | |
| VACATION PAYOUT |  | |  | | |
| SEVERANCE PAYOUT |  | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SIGNATURES** | | | | | |
| SIGNATURE (Supervisor) | NAME (print) | DATE | SIGNATURE (Other) | NAME (print) | DATE |
| SIGNATURE (Executive Director) | NAME (print) | DATE | SIGNATURE (HR) | NAME (print) | DATE |

**INSTRUCTIONS FOR FILLING OUT THE SEVERANCE FORM:**

1. ACTION REASONS FOR LEAVING [ORGANIZATION]

*When filling out the Severance Form, please select one of the following Action Reasons:*

|  |
| --- |
| **ACTION** |
| Resignation |
| Retirement |
| Term Appointment Ended |
| Termination Without Pay |
| Termination With Pay |
| Death |
| Dismissal |

1. SEVERANCE FORM PROCEDURES
2. The employee’s out-going supervisor must complete and sign the Severance Form.
3. The Severance Form must be sent to the HR Department with any required supporting documentation such as:
   * The employee’s letter of resignation or retirement
   * The employee’s signed letter of dismissal