



ROCKINGHAM COUNTY

Employment Separation Report – Corrections Officers

EMPLOYEE INFORMATION

Completed by employee: Retirement Resignation

Name: _____ Last Day to Work: ____/____/____

Address: _____ Phone: _____

Mail my final paycheck I will pick up my final paycheck

Signature: _____ Date: ____/____/____

Completed by employer:

Job Title: _____ Employee #: _____ Date of Hire: ____/____/____

Department: _____ Manager: _____

Verbal Notice Date: ____/____/____ Written Notice Date: ____/____/____

Last Day Scheduled to Work: ____/____/____ Discharge/Removal/Separation Effective Date: ____/____/____

Exit Interview scheduled with Human Resources

Estimated Separation Payout (hours)	Voluntary	Involuntary
Pay in lieu of Employer Notice		
Vacation balance (paid according to CBA)		
1/2 of Sick Time balance (if leaving County with 5 years of continuous service and in good standing)		
Holidays		
Comp Time		

Signature: _____

Superintendent: _____ Date: ____/____/____

Special Conditions or Payouts

Pay within 72 hours? Yes No

Department of Human Resources Completes This Section:

Insurance Coverage End Dates:

Health or Buyout, Dental, Vision	Life, STD, LTD, Colonial, Union Dues

Eligible for Longevity Payment [] Yes [] No

Amount: [] 5 years/\$150 [] 10 years/\$300 [] 15 years/\$450 [] 20 years/\$750 [] 25 years/\$1,000

HR initials: _____ Date: _____

Sent to Payroll: _____ Date received from Payroll: _____

Dir. of HR initials: _____ Date: _____

Finance initials: _____ Date: _____

Director of HR: _____ ____/____/____