



Rockingham County Employment Separation Report

EMPLOYEE INFORMATION

Completed by employee: Retirement Resignation Involuntary Termination Last Day to Work: ___/___/___

Name: _____ Email: _____

Address: _____ Phone: _____

Note: If you currently have direct deposit, that is how your final pay will be processed. Mail my final paycheck I will pick up my final paycheck

Signature: _____ Date: ___/___/___

Completed by employer:

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

Department: _____ Manager: _____

Date Notice Given: Verbal: ___/___/___ Written: ___/___/___

Last Day Scheduled to Work: ___/___/___ Separation Effective Date: ___/___/___

Signatures:

Department Head/Manager: _____ Date: ___/___/___

O/DD: _____ Date: ___/___/___

Department of Human Resources Completes This Section:

Insurance Coverage End Dates:

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

Eligible for Longevity Payment: Yes No Amount: 5 Years/\$150 10 Years/\$300
 15 Years/\$450 20 Years/\$750 25 Years/\$1,000 30 Years/\$1,250 40 Years/\$1,500

<u>Years of Service</u>	<u>Percentage of ET Accruals to be paid out</u>
0 through 4 th anniversary	50%
After 4 th through 10 th anniversary	75%
After 10 th anniversary	100%

Estimated Separation Payout (hours)	Percent payout	Hours
Earned Time		
Holidays	100%	
Comp. Time or Other (specify)	100%	
Pay in lieu of Employer Notice		

Notes, Special Conditions or Payouts

Pay within 72 hours? Yes No Union Dues end date: SEIU/LTC Union = last paycheck; Teamsters = end of month

HR initials: _____ Date: _____

Dir. of HR initials: _____ Date: _____

Finance #1 initials: _____ Date: _____

Finance #2 initials: _____ Date: _____

Sent to Payroll: _____ Date received from Payroll: _____

Director of HR: _____ Date: ___/___/___