



NOTICE OF EMPLOYEE SEPARATION

SUPERVISOR FIELDS

Employee Full Name:

Submitted By:

Last Day Worked:

Job Title:

Attention Supervisors:

For this form, please complete the top section, e-sign by clicking correct spot below, and email to HR. HR will complete the bottom section and sign.

Termination Date:

Eligible for Rehire:

If not eligible for rehire, provide details:

Voluntary:

In-voluntary:

If involuntary, please provide a brief explanation:

HR FIELDS

FINAL PAYMENT DETAILS:

Benefits End Date:

PTO Pay Out- Accrued and unused vacation hours owed:

Note: It is critically important that employers adhere to state regulations processing employees final pay. Click [here](#) for a list of State-by-State Final Pay Requirements. This documents outlines when a final paycheck must be delivered depending on whether the employee was voluntary or in-voluntarily terminated; it also outlined accrued paid time off requirements.

Live Check

Direct Deposit

Severance Pay:

Please indicate if it is a one-time payment or to be paid over a span of time

Benefit Severance End Date:

Employer Subsidy Percentage (through COBRA):

Severance Benefits Included: (through COBRA):

Please include any other pertinent information:

Warning: Failure to provide complete and accurate paperwork may result in processing delays

Supervisor Signature:

Department Head Signature:

HR Signature:

All template forms **must** be uploaded to ShareFile —

Managed Payroll Solutions **CANNOT ACCEPT** employee forms via email due to Privacy Regulation Laws.

- EE Changes — New Hires — Terms — This folder is where you upload all documents
- Template Employee Forms — This folder is where your forms are located