

# 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

NOTE: Please include this form in the employee's personnel file along with any supporting documentation.

## INSTRUCTIONS FOR FILLING OUT THE SEVERANCE FORM:

### A. ACTION REASONS FOR LEAVING

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

### B. SEVERANCE FORM PROCEDURES

1. The employee's out-going supervisor must complete and sign the [Severance Form](#).
2. 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

NOTE: Please include this form in the employee's personnel file along with any supporting documentation.