



NOTICE OF SEPARATION

Complete all sections of this form and return to Human Resources prior to the employee's last working day. The completed form is necessary for Human Resources and Payroll to complete employment records and process the employee's final check. **Please be as descriptive as possible in the Explanation for Separation field.**

Employee Name: _____
Last First Middle Initial (Other Names Used)

Forwarding Address: _____

City, State, Zip: _____

COCC ID #: _____ **LAST WORKING DAY:** _____

Reason for Separation: Retirement (PERS/COCC) Resignation-voluntary Discharge-involuntary

Explanation for Separation (e.g. relocating out of area, never worked, performance issues):

Would you rehire this employee for your department? Yes No

Would you recommend COCC consider hiring this employee for a different position? Yes No

Check the applicable box below:

Classified – 10 days written notice of resignation is required for vacation compensation payout and consideration of rehire.

Administrator – 30 days written notice of resignation is required for vacation compensation payout and consideration of rehire. Annual vacation leave payout is limited to 160 hours (20 workdays)

Confidential/Supervisory– 10 days written notice of resignation is required for vacation compensation payout and consideration of rehire. Annual vacation leave payout is limited to 160 hours (20 workdays)

Faculty/Adjunct/PT instructor

Irregular Wage/Work Study/Continuing Education

I hereby certify that the above information for separation is correct:

Employee or Supervisor signature: _____ Date: _____

Human Resources signature: _____ Date: _____ Term Code _____
Rehire: Yes or No

Benefits Verified: _____ Coverage End Date: _____ Date Processed: _____