SEPARATION FORM

LAST DAY OF WORK: _____

EFFECTIVE DATE:
(Day after Last Day of Work) _____

EMPL ID: _____

NAME:
(Last, First) _____

Position Title _____

Pay Plan/Series/Grade/Bus Code _____

Step _____ **Pay Band Level** _____

Employment Category (FT/PT/Flex) _____

$ _____
Rate of Pay

Bus Unit/Department Name _____

Department Number _____

REASON CODE: (Please check as appropriate)

TERMINATION/RESIGNATION		TERMINATION/DISCHARGE		TERMINATION/OTHER	
☐	Child/Family Care	☐	Disciplinary-Attendance	☐	Death
☐	Dissatisfied with Fellow Employee	☐	Disciplinary-Dishonesty	☐	End of Temporary Employment
☐	Dissatisfied with Hours	☐	Disciplinary-Insubordination	☐	Service No Longer Required
☐	Dissatisfied with Location	☐	Disciplinary-Misconduct	☐	Termination during Probation
☐	Dissatisfied with Pay	☐	Disciplinary-Tardiness	☐	Business Based Action
☐	Dissatisfied with Supervision	☐	Disciplinary-Unsatis Perform	☐	
☐	Dissatisfied with Type of Work	☐	Disciplinary-Violation of Rules	☐	
☐	Dissatisfied with Work Condition	☐	Failure to Meet Cond of Employ	☐	
☐	Health Reason	☐	Job Abandonment	☐	
☐	Illness in Family	☐	Misstatement on Application	☐	
☐	Military Commitments				
☐	NAF to APF Portability				
☐	Other Employment				
☐	Personal Reasons				
☐	Relocation				
☐	Retirement				
☐	Return to School				
☐	Transfer to Affiliate (Another NAF)				
☐	Transportation Problems				

Justification/Manager Comments:

_____

Do you have any comments you would like to make regarding any aspect of your employment with MCCS?:

_____

Employee's Signature _____ **Date** _____

Manager's Signature / Printed Name _____ **Date** _____

Please Note: The Final Paycheck will be mailed or put into your Direct Deposit Account. Employees enrolled in the Retirement Plan, any Medical or Dental Insurance or 401K MUST call the Benefits Technician for an appointment at 228-1659. Please make sure you update your address with any changes using the Change of Personal Data Form for your future W-2 Form.