



TOWN OF SURFSIDE

SEPARATION NOTICE

Employee Name: _____ Dept. _____

Hire Date: _____ Separation Date: _____

Rate of Pay: _____ Full Time: _____ Part-Time: _____ Other _____

Voluntary Separation: (Attach letter of resignation and check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Dissatisfied With Job | <input type="checkbox"/> In Lieu of Discharge |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> To Accept Other Work | <input type="checkbox"/> No Reason Given |
| <input type="checkbox"/> Work Hours / Job Responsibilities Change | <input type="checkbox"/> Other | |

Involuntary Separation: (For Cause) - (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Other Misconduct |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Failure to Meet Performance Expectations | |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Violation of Company Policies/Rules | |
| <input type="checkbox"/> Failed Evaluation Period | <input type="checkbox"/> Job Abandonment | |

Involuntary Separation: (Not For Cause) - (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Budget Constraints |
| <input type="checkbox"/> Job Eliminated | <input type="checkbox"/> Medical |

Documentation:

- Attach documentation, written warnings, incident notes, dates, witnesses, and explanations to clarify and support termination decision
- No documentation available

Upon separation, did (or will) employee receive any of the following:

- | | | |
|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Comp |
| <input type="checkbox"/> Birthday | <input type="checkbox"/> Other | |

Comments: _____

Department Head Signature: _____ Date: _____

Human Resources: _____ Date: _____