



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

<input type="checkbox"/>	Child/Family Care
<input type="checkbox"/>	Dissatisfied with Fellow Employee
<input type="checkbox"/>	Dissatisfied with Hours
<input type="checkbox"/>	Dissatisfied with Location
<input type="checkbox"/>	Dissatisfied with Pay
<input type="checkbox"/>	Dissatisfied with Supervision
<input type="checkbox"/>	Dissatisfied with Type of Work
<input type="checkbox"/>	Dissatisfied with Work Condition
<input type="checkbox"/>	Health Reason
<input type="checkbox"/>	Illness in Family
<input type="checkbox"/>	Military Commitments
<input type="checkbox"/>	NAF to APF Portability
<input type="checkbox"/>	Other Employment
<input type="checkbox"/>	Personal Reasons
<input type="checkbox"/>	Relocation
<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Return to School
<input type="checkbox"/>	Transfer to Affiliate (Another NAF)
<input type="checkbox"/>	Transportation Problems

TERMINATION/DISCHARGE

<input type="checkbox"/>	Disciplinary-Attendance
<input type="checkbox"/>	Disciplinary-Dishonesty
<input type="checkbox"/>	Disciplinary-Insubordination
<input type="checkbox"/>	Disciplinary-Misconduct
<input type="checkbox"/>	Disciplinary-Tardiness
<input type="checkbox"/>	Disciplinary-Unsatis Perform
<input type="checkbox"/>	Disciplinary-Violation of Rules
<input type="checkbox"/>	Failure to Meet Cond of Employ
<input type="checkbox"/>	Job Abandonment
<input type="checkbox"/>	Misstatement on Application

TERMINATION/OTHER

<input type="checkbox"/>	Death
<input type="checkbox"/>	End of Temporary Employment
<input type="checkbox"/>	Service No Longer Required
<input type="checkbox"/>	Termination during Probation
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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 451-1884. Please make sure you update your address with any changes using the Change of Personal Data Form for your future W-2 Form.