



DU PAGE COUNTY NOTICE OF EMPLOYEE SEPARATION

Date _____ HR Process Level Nbr./ HR Dept. Nbr. _____

Employee # _____ Employee Name _____

Job Code _____ Job Title _____ Shift _____

Bi-Weekly Hrs. _____ Full-Time Part-Time Temporary Per Diem

Final Rate of Pay: Hourly \$ _____ Bi-Weekly \$ _____ Annual \$ _____

Hire Date _____ Termination Date _____ Last Date Worked _____

FOR PAYROLL DEPARTMENT USE ONLY:

Earned Sick Time Hrs. _____ @ _____ % equals _____ Compensatory Hrs. _____

Earned Vacation Hrs. _____ Uniform Deduction Balance (Care Center) _____

Retention Severance _____ Final Check Date _____

REASON FOR SEPARATION (check one and explain under remarks)

LAYOFF

Reduction in Force

RESIGNATION/ QUIT

- Unreported Absence (explain in remarks)
- Accepted Another Job
- Did Not Return From Leave/ FMLA
- Dissatisfied (explain in remarks)
- Family Obligations
- Illness
- Military
- Personal-Not Job Related (explain in remarks)
- Quit/ Other (explain in remarks)
- Relocate
- School

MISCELLANEOUS

- Deceased
- Elected Official Term Expired
- End of Temp/ Seasonal
- Failed to Report to Work First Day

DISCHARGE

- Destruction of Property-Willful or Careless
- Dishonesty-Falsified Records
- Inability to Work-Illness
- Insubordination
- Job Abandonment (explain in remarks)
- Job Performance (explain in remarks)
- Poor Attendance
- Progressive Disciplinary Action (explain in remarks)
- Probationary-Not Qualified for Job
- Reported Under the Influence of Alcohol/ Illegal Drugs
- Unprofessional Behavior (explain in remarks)
- Violation of Rules/ Policies

RETIREMENT

Retirement

OTHER

Other (explain in remarks)

NOTE: Please complete the IT-Employee Separation Request form also.

REMARKS _____

Department Head/Elected Official

Director of Human Resources

Date

Date