



CITY OF MAUMELLE

SEPARATION REPORT

NOTE: This notice should be reviewed by Human Resources prior to the employees exit.

DEPARTMENT:	IMMEDIATE SUPERVISOR:	
EMPLOYEE'S NAME:	POSITION TITLE:	LAST DAY WORKED:

Before involuntary separation notice is reviewed with employee, this separation notice must be discussed with the Director of Human Resources.

VOLUNTARY	<input type="checkbox"/> Without notice or reason	<input type="checkbox"/> Problem with Supervisor
	<input type="checkbox"/> Another Job	<input type="checkbox"/> Problem with Co-worker
	<input type="checkbox"/> Relocation	<input type="checkbox"/> Personal Problem
	<input type="checkbox"/> Illness	<input type="checkbox"/> Return to School
	<input type="checkbox"/> Working Conditions	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Work Schedule	<input type="checkbox"/> Refused Suitable Work
	<input type="checkbox"/> Other	<input type="checkbox"/> LOA - Did not Return
INVOLUNTARY	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Pay
	<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Unsatisfactory Performance
	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Refusal to Follow Instruction
	<input type="checkbox"/> Violation of Work Rules	<input type="checkbox"/> Job Eliminated or Changed
	<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Disability
	<input type="checkbox"/> Other	

Explain reason given above in detail. (Attach additional documentation, if necessary.)

Please confirm employees current mailing address:

Is employee eligible for rehire? YES NO
If not, explain: _____

_____ SUPERVISOR SIGNATURE	_____ DATE
_____ DEPARTMENT HEAD SIGNATURE	_____ DATE
_____ DIRECTOR OF HUMAN RESOURCES	_____ DATE
_____ MAYOR	_____ DATE