



DEPARTMENT:	IMMEDIATE SUPERVISOR:	
EMPLOYEE'S NAME & EMPLOYEE NUMBER:	POSITION TITLE:	LAST DAY WORKED:
		DATE OF HIRE:

***Before involuntary separation form is presented to the employee, please consult with the Director of Human Resources and/or City Attorney.***

Voluntary (Check all that apply)	Without notice or reason	Problem with Supervisor	
	Another Job	Problem with Co-worker(s)	
	Relocation	Personal Problem	
	Illness	Return to School	
	Working Conditions	Retirement	
	Work Schedule	Job Abandonment (unexcused absence 2+ consecutive days)	
	Better Pay	Other	
Involuntary (Check all that apply)	Absent without Leave(No Call, No Show)	Tardiness	
	Insubordination	Unsatisfactory Work Performance	
	Violation of Work Rules/Policies	Refused to follow instruction	
	Lack of Work	Job Elimination / RIF	
	Other	Disability	

Explain reason in detail (Attach additional documentation, if necessary):		
Please confirm employees current mailing address:		
Is employee eligible for rehire?	YES	NO
If NO, please give reason:		

#### Approvals

Supervisor:	Date:
Department Head:	Date:
Human Resources:	Date:
Mayor:	Date:
Termed in Payroll:	Date:
Termed in Benefits (if Full-time):	Date: