

**Notice of SEPARATION**

**Employee to fill out this section only**

I, \_\_\_\_\_ am ending my employment with Johnson Motors. My expected last date of employment will be \_\_\_\_\_.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for Separation – Manager completes this section**

<b>VOLUNTARY</b>		<input type="checkbox"/> Medical	<input type="checkbox"/> Health Condition
<input type="checkbox"/> Retirement	<input type="checkbox"/> Better Opportunity	<input type="checkbox"/> Dissatisfaction with Job	<input type="checkbox"/> Layoff
<input type="checkbox"/> Personal	<input type="checkbox"/> Failed to Return from Leave	<input type="checkbox"/> Other _____	<input type="checkbox"/> Position Eliminated
<input type="checkbox"/> Return to School	<b>INVOLUNTARY</b>		<input type="checkbox"/> Violation of Company Policy
<input type="checkbox"/> Resign	<input type="checkbox"/> Attendance	<input type="checkbox"/> Repeated Insubordination	<input type="checkbox"/> Repeated Tardiness & Absenteeism
	<input type="checkbox"/> Performance	<input type="checkbox"/> Other _____	

Remarks: \_\_\_\_\_

Payroll AND Human Resources Notified \_\_\_\_\_

Would you rehire this employee?  Yes  No Location: \_\_\_\_\_

Is employee eligible for unemployment?  Yes  No

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Payroll Section**

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Section**

<input type="checkbox"/> Last Paycheck	<input type="checkbox"/> Unemployment Info	<input type="checkbox"/> Uniforms
<input type="checkbox"/> Outstanding Debts	<input type="checkbox"/> Company Tools	<input type="checkbox"/> Deactivate DealerWorld
<input type="checkbox"/> Vacation/PLT Payout	<input type="checkbox"/> Term Dental	<input type="checkbox"/> Computer/Passwords
<input type="checkbox"/> Notify Child Support	<input type="checkbox"/> Term Health	<input type="checkbox"/> Dealer Plates
<input type="checkbox"/> COBRA Notice (Medical/Dental/Flex)	<input type="checkbox"/> Term Life/DI/Vol Life	<input type="checkbox"/> Keys
<input type="checkbox"/> Remove from PTO spreadsheet	<input type="checkbox"/> Term WATDA Flex/HRA	<input type="checkbox"/> Credit Card/Gas Card
<input type="checkbox"/> Certificate of Prior Coverage	<input type="checkbox"/> Deactivate VoiceMail	<input type="checkbox"/> Vol Life/LTD Conversion Notice
<input type="checkbox"/> Term ADP	<input type="checkbox"/> Remove E-Mail/Log-Ins	<input type="checkbox"/> 401(k) Distribution Notice

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_