

COUNTY OF YOLO EMPLOYEE SEPARATION REPORT

Employee:		
Social Security Number:		
Job Title:		
ORG Unit & Accounting Unit		
Effective Date of Termination (Last Day in a Paid Status):		Mailing Address:

REASON FOR SEPARATION

(Please provide details below)

Okay to rehire: Yes No

Was prior notice given? Yes No

- | | |
|--|---|
| <input type="checkbox"/> Other employment (Where?)
<input type="checkbox"/> Retirement
<input type="checkbox"/> To attend school
<input type="checkbox"/> Go into own business
<input type="checkbox"/> Failed to meet standards during probationary period
<input type="checkbox"/> Personal reasons (Explain)
<input type="checkbox"/> Family obligations (Explain)
<input type="checkbox"/> Illness -Injury
<input type="checkbox"/> Dissatisfied with job (Explain)
<input type="checkbox"/> Job abandonment
<input type="checkbox"/> Did not return from leave of absence
<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Tardiness | <input type="checkbox"/> Violation of company rules or policies
<input type="checkbox"/> Insubordination
<input type="checkbox"/> Violation of safety rules
<input type="checkbox"/> Under the influence of drugs/alcohol
<input type="checkbox"/> Falsification of employment application
<input type="checkbox"/> Inability or not qualified
<input type="checkbox"/> End of temporary employment (EH only)
<input type="checkbox"/> Reduction in force
<input type="checkbox"/> End of limited term position
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other (Explain) |
|--|---|

CURRENT BENEFITS ENROLLMENT

Health Plan Name: _____

Dental: Basic Buy Up
 Vision: Basic Buy Up

Dependents enrolled
(first/last name only):

- | | |
|-------|--|
| _____ | <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> V |
| _____ | <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> V |
| _____ | <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> V |
| _____ | <input type="checkbox"/> H <input type="checkbox"/> D <input type="checkbox"/> V |

PLEASE PROVIDE ADDITIONAL INFORMATION ABOUT THE EMPLOYEE SEPARATION:

Completed By _____ Date _____

HR Use Only: <u>Effective Date of Cancellation</u> Health: _____ Dental: _____ Vision: _____	<u>Processing Date</u> PBIA: _____ MES: _____ COBRA 18 Mo. Notice : _____ CalPERS Membership: _____ Sick Leave Balance (ret. only): _____
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