

## VOLUNTARY -OR- INVOLUNTARY TERMINATION NOTICE

**FOR ADMINISTRATOR/SUPERVISOR USE ONLY**

**INSTRUCTIONS:**

- 1) Complete this form if you have an employee whom you have discharged from employment or who resigned without providing proper notice.

*Note: You must partner with Tracy Bowe (licensed staff) or Shane Keating (non-licensed staff) prior to discharging an employee.*

- 2) Upon completion of the form, send to Robin Robotcek in Human Resources (HR).

EMPLOYEE'S FULL NAME (Please print):	LAST DAY OF WORK (mm/dd/yy):
POSITION/ASSIGNMENT:	BUILDING(S):
<p>REASON FOR LEAVING EMPLOYMENT:</p> <p style="margin-left: 40px;">Voluntary Termination (i.e. no call no show, called to resign without notice, etc.)</p> <p style="margin-left: 40px;">Involuntary Termination (attach termination notice from HR)</p>	
<p>OUTREACH MADE TO COLLECT:</p> <ul style="list-style-type: none"> <li>• ID Badge</li> <li>• Door Access Key Card</li> <li>• Keys</li> <li>• Other District Property</li> </ul>	
ADMINISTRATOR/SUPERVISOR SIGNATURE:	DATE SIGNED BY ADMINISTRATOR/SUPERVISOR: