

**GENESEE COUNTY
NOTICE OF SEPARATION**

DEPARTMENT _____ FUND/DEPT. NO. _____

Effective Date: _____
(Last Paid Day)

- | | |
|---|---|
| _____ Resignation | _____ Discharge or Dismissal
(Complete Section II) |
| _____ Seasonal Termination | _____ Leave of Absence |
| _____ Layoff | _____ Educational Leave |
| _____ Deceased | _____ Military Leave |
| _____ Retirement | _____ Personal Leave |
| _____ Retirement—Deferred | _____ Sick Leave |
| _____ Disability Retirement | _____ Workers' Comp. Leave |
| _____ Unsatisfactory Probationary
Employee | _____ Other: |

Section I

Name: _____ **S.S. #** _____

Position #: _____ **Position:** _____

Employee Status: _____ **Full time** _____ **Part time** _____ **Temporary**

_____ **Other:** _____

Section II

If discharged, a brief statement of reason must be included:

Section III

Department Head Remarks:

Department Head Signature

Date

Human Resources Approval

Date

Please attach a copy of employee's resignation for Human Resources records