RESET PRINT

PERSONNEL RECOMMENDATION SEPARATION

☐ New ☐ Revised

Employee ID Number	***Last Day of Work*** *(end of work day)*	***HR Notification Date***

Personal Data

Last Name	*First Name*	*Middle Initial*	*Suffix*

Action Type

☐ **Resignation** ☐ **Retirement** ☐ **Termination** *Action Effective Date:*

If Termination, ☐ With Cause ☐ Without Cause (Documentation ***must*** be provided)

Eligible For Rehire? ☐ Yes ☐ No If No, Why? (Use Comments Section Below, if Needed)

Request for Hire Submitted? ☐ Yes ☐ No If No, Why?

Current Assignment

Position Title	Position Number	

Annual Salary	Hourly Rate	Grade/Step	Effective Date	Anniversary Date	Last Review Date

Union ☐ Yes ☐ No	Union Name (if applicable)	Retirement ☐ Police Department ☐ Fire Department ☐ Defined Benefit

Comments

Approval Signatures

Department Director/Designee (Please Print)	Signature	Date
Human Resources Director (Please Print)	Signature	Date
Prepared By (Please Print)	Signature	Date
Town Administrator (Please Print)	Signature	Date