SEPARATION REPORT

TO BE USED FOR SEPARATION FROM COUNTY EMPLOYMENT <u>ONLY</u>
(Do not use for Promotions or Transfers)

Must print in Black or Blue ink ONLY

SECTION A *(Completed by Employee, Supervisor or Payroll Specialist)*

Employee ID	Last Name, First Name		
	Mailing Address, City, State, Zip Code		**Telephone**
Position No.	**Department ID**	**Department**	**Job Code Title**

SECTION B *(Completed by Employee)*

I hereby wish to submit my resignation effective: _____

Reason for separating from County employment (do not complete this form if promoting or transferring to another County department) – Check ONE:

- ☐ Accepted Other Employment
- ☐ Child/House Care
- ☐ Dissatisfied with Pay
- ☐ Dissatisfied with Promotion Opportunities
- ☐ Dissatisfied with Work Conditions
- ☐ Family Reasons
- ☐ Health Reasons
- ☐ Illness in Family
- ☐ Personal Reasons
- ☐ Relocation (Leaving the Area)
- ☐ Resignation
- ☐ Retirement
- ☐ Retirement with Disability
- ☐ Return to School
- ☐ Transportation Problems

Additional Reasons for Leaving or Comments:

Employee Signature	Date

SECTION C *(Completed by Appointing Authority or Designee)*

Reason for separating from County employment (do not complete this form if employee is promoting or transferring to another County department) – Check ONE:

- ☐ Death
- ☐ Dismissal–Unclassified
- ☐ Dismissal–Regular Status Employee
- ☐ Dismissal–Probationary
- ☐ End of Temporary Employment
- ☐ Job Abandonment
- ☐ Layoff
- ☐ Left Without Notice
- ☐ Resignation in Lieu of Termination
- ☐ Resignation Pending Administrative Action
- ☐ Retirement
- ☐ Termination of Contract
- ☐ Voluntary Resignation

COMPLETE ONLY IF EMPLOYEE HAD REGULAR STATUS

Overall Rating from Employee's Most Recent Work Performance Evaluation for Requalification Purposes:

Date of WPE: _____   ☐ Exceeds Standards   ☐ Meets Standards   ☐ Below Standards   ☐ Unsatisfactory

If employee requests requalification, is there any documented reason the employee's request should be denied?

☐ Yes   ☐ No

Supervisor Name (Print & Sign)	Telephone
Appointing Authority or Designee Signature	**Date**

SECTION D *(Completed by Department Payroll Specialist)*

Last Date in Paid Status	Rcd No.	Company	Type of Position	Job Status at Termination
			☐ Regular ☐ Recurrent ☐ Extra-Help ☐ Contract	☐ Active ☐ Probation ☐ Trainee ☐ Other ___

Payroll Specialist Name (Print & Sign)	Telephone	Date

DISTRIBUTION: Original – EMACS-HR

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

(0030) Rev. 2/2024

(Separation Report - form (1))