



# CHECKLIST FOR TERMINATION

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
<b>Department</b>		

**REQUIRED**

**Note:** For all Terminations due to reasons other than Dismissal or Disability Retirement send to EMACS-HR (0030)

The effective date for terminations due to reasons other than death is the day after the last day worked or was in paid status. The effective date for terminations due to death is the day after the employee deceased.

[Job Action Request \(JAR\)](#)  
*(notate last day worked or date of death if Separation Report will follow)*

[Separation Report\\*](#)  
*(does not have to be submitted with JAR packet)*

**REQUIRED (IF APPLICABLE)**

[Personal Information/Emergency Contacts Form 700](#)

Other forms *(if applicable)*

**REQUIRED FOR TERMINATIONS DUE TO DISMISSAL**

**Note:** Send to the attention of the EMACS-HR Supervisor (0030)

[Job Action Request \(JAR\)](#)  
*(notate last day worked if Separation Report will follow)*  
 Order of Dismissal (copy of first and last page)  
 (effective date for the dismissal will be specified on the Order)

[Separation Report\\*](#)  
*(does not have to be submitted with JAR packet)*

**NOTE: While it is not necessary to attach a complete copy of the Order of Dismissal to the JAR, Payroll Specialists must ensure they have received the Order of Dismissal prior to processing the termination JAR packet. The Department HRO will forward the Order of Dismissal to employee's Personnel (OPF) file at Human Resources**

**REQUIRED FOR TERMINATIONS DUE TO DISABILITY RETIREMENT**

**Note:** Send to the attention of the EMACS-HR Supervisor (0030)

[Job Action Request \(JAR\)](#)  
*(notate last day worked if Separation Report will follow)*  
 Disability Retirement Decision Memo approved by SBCERA (Board of Retirement)

[Separation Report\\*](#)  
*(does not have to be submitted with JAR packet)*

\*Special Districts: Send to Special Districts Human Resources