



Employment Separation/Leave of Absence Form

Employee Name: _____ Today's Date: _____

Department: _____ Position/Title: _____ Effective Date: _____

Employment Separation

Leave of Absence

Indicate the primary reason for separation below. Attach any written resignation if provided by employee.

Involuntary	
<input type="checkbox"/> Excessive absenteeism or tardiness	<input type="checkbox"/> Position eliminated
<input type="checkbox"/> Implicated in the abuse/neglect of a client	<input type="checkbox"/> Reduction in workforce
<input type="checkbox"/> Medication error(s)	<input type="checkbox"/> Violation of company policy, rule, or standard
<input type="checkbox"/> Poor performance	<input type="checkbox"/> Other:
Voluntary	
<input type="checkbox"/> Declined demotion or loss of responsibility*	<input type="checkbox"/> Moved/relocated out of area
<input type="checkbox"/> Declined mandatory schedule change*	<input type="checkbox"/> No call/no show 3 consecutive work shifts
<input type="checkbox"/> Declined mandatory transfer to new location*	<input type="checkbox"/> Personality conflict
<input type="checkbox"/> Dissatisfied with job	<input type="checkbox"/> Schedule conflict
<input type="checkbox"/> Dissatisfied with supervisor	<input type="checkbox"/> To attend school
<input type="checkbox"/> Got a new job	<input type="checkbox"/> To care for a dependent family member
<input type="checkbox"/> Has not worked in over 60 days (on-call staff)	<input type="checkbox"/> Wages reduced by more than 10%*
<input type="checkbox"/> Health	<input type="checkbox"/> Other:

*If the employee was offered a suitable alternative, attach documentation.

Details of separation (required):

Rehire Status: (Check One)

- Supervisor recommends employee be considered for rehire.
- Supervisor recommends employee NOT be considered for rehire

Approvals:

Immediate Supervisor: _____ Date: _____
 Next Level Supervisor: _____ Date: _____
 Human Resources: _____ Date: _____

If employee received ANY company property (email account, computer, keys, etc.) COMPLETE PAGE 2

HR Use Only: <input type="checkbox"/> QF <input type="checkbox"/> TF Accruals <input type="checkbox"/> TF Policy Group <input type="checkbox"/> TF Schedule <input type="checkbox"/> Seattle Employee <input type="checkbox"/> Non-CLP Vac P/O <input type="checkbox"/> CLP Vac P/O <input type="checkbox"/> Health Benefits? Y/N: <input type="checkbox"/> Stop payroll deduction <input type="checkbox"/> Update spreadsheet <input type="checkbox"/> Cancel Kaiser <input type="checkbox"/> Cancel HRA <input type="checkbox"/> Dental Benefits? Y/N: <input type="checkbox"/> Stop payroll deduction <input type="checkbox"/> Update spreadsheet <input type="checkbox"/> Cancel Guardian <input type="checkbox"/> Cell Phone Reim <input type="checkbox"/> FSA <input type="checkbox"/> 403B <input type="checkbox"/> I-9 <input type="checkbox"/> COBRA Letter <input type="checkbox"/> Termination Letter <input type="checkbox"/> Copy to Payroll
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Transfer of Company Property

Employee Name: _____

(Check all that apply/Complete ALL information)

PROVAIL Email/Phone/Fax	
Upon separation, employee email passwords will be reset and sent to the supervisor.	
<input type="checkbox"/> Forward email to: *Emails will be forwarded for 30 days before deactivation	_____
<input type="checkbox"/> If employee is a manager, who will approve timesheets for employee's direct reports:	_____
<input type="checkbox"/> Provide password for access to employee's email to:	_____
<input type="checkbox"/> Deactivate Email Immediately	_____
<input type="checkbox"/> Dedicated phone: forward voicemail to:	_____
<input type="checkbox"/> Dedicated fax: forward faxes to:	_____
<input type="checkbox"/> Archive email *Keeps the account active; used in unique circumstances	_____
<input type="checkbox"/> Export email and save to: *Deactivates account but maintains a record of previous messages	_____
Electronic Documents (must designate)	
<input type="checkbox"/> Transfer Google Docs to:	_____
<input type="checkbox"/> Transfer computer documents to:	_____
Remove Access to Cloud Software (Check all that apply <u>double check to indicate administrative access</u>)	
<input type="checkbox"/> Salesforce <input type="checkbox"/> UKG <input type="checkbox"/> Intuitive <input type="checkbox"/> Clinicient <input type="checkbox"/> Great Plains	
<input type="checkbox"/> Other - List all: _____	

Company Assets (Supervisor responsible for receiving all items below)					
<input type="checkbox"/> Desktop Computer	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		
<input type="checkbox"/> Laptop Computer	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		
<input type="checkbox"/> Chromebook	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		
<input type="checkbox"/> iPad	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		
<input type="checkbox"/> Credit Card	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		
<input type="checkbox"/> Gas Card	Asset # _____	<input type="checkbox"/> System locked/login changed	<input type="checkbox"/> Property Received		

Building Access/ Keys					
<input type="checkbox"/> HQ Front Door Key	SN# _____	<input type="checkbox"/> Suite B Key	SN# _____	<input type="checkbox"/> HQ Mailbox Key	SN# _____
<input type="checkbox"/> Office Key	SN# _____	<input type="checkbox"/> SBW Key	SN# _____	<input type="checkbox"/> Fab Front Door Key	SN# _____
<input type="checkbox"/> HQ Master Key	SN# _____	<input type="checkbox"/> Suite D Key	SN# _____	<input type="checkbox"/> Client Home Key	SN# _____
<input type="checkbox"/> HQ Server Key	SN# _____	<input type="checkbox"/> HQ NE Exit Key	SN# _____	<input type="checkbox"/> Cabinet/Drawer Key	SN# _____

Please Remove:		
<input type="checkbox"/> HQ Mailbox	<input type="checkbox"/> HQ Printer Scan/Fax: Floor: _____	<input type="checkbox"/> From HQ Phone list

<input type="checkbox"/> Unable to Collect Items: _____
Reason: _____

Upon employee separation, I confirm that all assets listed above have been retrieved from employee and/or access removed.

Supervisor Signature: _____ Date: _____

Please return for to HR to be filed in employee's file.