



# EMPLOYEE SEPARATION FORM

Employee ID: \_\_\_\_\_ Department: \_\_\_\_\_

Print Name: \_\_\_\_\_

This is notification to Orange County Government that my last day of employment will be: \_\_\_\_\_ Date: \_\_\_\_\_

**My primary reason for leaving is: (choose 1)**

- |  |                                   |                   |
|--|-----------------------------------|-------------------|
| Another Job                              | Health Reasons                    | Retirement        |
| Become Self-Employed                     | Higher Wages/Salary               | Return to School  |
| Benefits                                 | Lack of Development/Training      | Transfer to State |
| Career Change                            | Lack of Promotional Opportunities | Work Environment  |
| Conflict with Supervisor or Co-worker(s) | Military Service                  | Work/Life Balance |
| Dissatisfied with Pay                    | Organizational Culture            |                   |
| Family Reasons                           | Relocation                        |                   |

Please return any property belonging to Orange County Government in accordance with your department departure procedures; which may include uniforms, tools, keys, badge(s), etc. Please forward any correspondence including my W2 to the following:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information related to your benefits and paycheck, contact any Human Resources Service Center.

**Please complete the Orange County Exit Interview Survey prior to your last day of employment**

*Your honesty is greatly appreciated and your opinions are highly valued.*

*Orange County Government wishes you the best in your future endeavors.*

**\*\* Please Return Completed Form to Your Immediate Supervisor or Human Resources Service Center \*\***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



# EMPLOYEE SEPARATION PROCESS CHECKLIST

Employee Name: \_\_\_\_\_ EEID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department / Section: \_\_\_\_\_

Submit written resignation to Supervisor or Human Resources **(2 weeks prior to last work day)**

Complete Exit Interview with Human Resources, obtain information on:

Date of last paycheck *(inclusive of accrued leave time payout if applicable)*

Date insurance coverage ends

COBRA Medical / Vision Insurance Options

FRS/ Deferred Comp Program *(as applicable)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This section to be completed by the Supervisor***

County property / items returned *(as applicable)*:

- Uniforms
- Keys
- Radio
- County Cell Phone
- Laptop
- P-Card
- Other *(please list)*:

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Extension: \_\_\_\_\_

***This section to be completed by Human Resources***

On ***last work day***, report to Human Resources and return:

Badge(s) – Orange County Government / Department *(if applicable)*

If lost, remit payment

Human Resources Representative: \_\_\_\_\_ Date: \_\_\_\_\_

