

Separation Notice

Please Print

Employee Information

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

Employee Name Melissa Jatum Position oper Department TF
 Employee/Payroll # _____ Shift B Supervisor Cardell O'Brian
 Hire Date 09/29/2004 Last Day Worked 11-9-18 Effective Separation Date 11-26-18
 Separation Meeting Date 11-26-18 Time 3:45 AM PM Location Hope Hull
 List individuals present during separation meeting Sherrae Moore
John Dunton

Separation Details

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR (CHECK ALL BOXES THAT APPLY.)

Type of Separation

- Discharge Resignation
 Failed to Return from Leave Retirement
 Layoff Other _____

Remarks _____

Reason for Separation

- Unacceptable**
 Performance Other Employment
 Attendance Personal
 Conduct Better Position
 Other _____

Remarks WOTO violation
11-9-18

Final Employee Evaluation

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

	Outstanding	Satisfactory	Unsatisfactory		Outstanding	Satisfactory	Unsatisfactory
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adherence to Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ANSWER QUESTION BELOW IF ALLOWABLE BY COMPANY POLICY.)

Would you rehire? Yes No N/A

Remarks _____

 Evaluator's Signature _____ Date _____

Separation Issues Discussed With Employee

TO BE COMPLETED BY HUMAN RESOURCES PERSONNEL

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> COBRA Rights | <input type="checkbox"/> Retirement /Savings Distribution Options | <input type="checkbox"/> 401(k)/403(b) Option Processed | <input type="checkbox"/> Insurance Companies Notified |
| <input type="checkbox"/> Company Materials/ Equipment Returned | <input type="checkbox"/> Trade Secret/Confidentiality Obligations | <input type="checkbox"/> COBRA Notification Processed | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Final Pay | <input type="checkbox"/> Vacation Due: Days _____ | <input type="checkbox"/> Direct-Deposit Institution Notified | <input type="checkbox"/> Health (Major Medical & Medical) |
| <input type="checkbox"/> Life Insurance Conversion | <input type="checkbox"/> Hours _____ | <input type="checkbox"/> Employee Records Archived | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Mail/Pick Up Last Paycheck | | <input type="checkbox"/> Facility/Systems Rights Finalized | <input type="checkbox"/> Separation Noted in Personnel Records |
| <input type="checkbox"/> Outstanding Expense Reports/Advances | | <input type="checkbox"/> Payroll Adjustment Forms Processed | <input type="checkbox"/> _____ |
| | | | <input type="checkbox"/> _____ |

Employee provided copy Yes No If yes, date: _____

Supervisor Signature _____ Date _____
 Human Resources Signature Sherrae Moore Date 11-26-18

233-2297

Separation Notice

Please Print

Employee Information

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

Employee Name Eric Salter Position operator Department TF
 Employee/Payroll # _____ Shift B Supervisor Cardell O Brian
 Hire Date 04/24/2016 Last Day Worked 11-9-18 Effective Separation Date 11-26-18
 Separation Meeting Date 11-26-18 Time 4 AM PM Location Hope Hull
 List individuals present during separation meeting John Denton
Sheree Moore

Separation Details

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR (CHECK ALL BOXES THAT APPLY.)

Type of Separation		Reason for Separation	
<input checked="" type="checkbox"/> Discharge	<input type="checkbox"/> Resignation	Unacceptable	<input type="checkbox"/> Other Employment
<input type="checkbox"/> Failed to Return from Leave	<input type="checkbox"/> Retirement	<input checked="" type="checkbox"/> Performance	<input type="checkbox"/> Personal
<input type="checkbox"/> Layoff	<input type="checkbox"/> Other _____	<input type="checkbox"/> Attendance	<input type="checkbox"/> Better Position
Remarks _____		<input type="checkbox"/> Conduct	<input type="checkbox"/> Other _____
		Remarks <u>LOTO violation</u>	
		<u>11-9-18</u>	

Final Employee Evaluation

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

	Outstanding	Satisfactory	Unsatisfactory		Outstanding	Satisfactory	U_satisfactory
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adherence to Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ANSWER QUESTION BELOW IF ALLOWABLE BY COMPANY POLICY.)

Would you rehire? Yes No N/A

Remarks _____

Evaluator's Signature _____ Date _____

Separation Issues Discussed With Employee

TO BE COMPLETED BY HUMAN RESOURCES PERSONNEL

<input type="checkbox"/> COBRA Rights	<input type="checkbox"/> Retirement /Savings Distribution Options	<input type="checkbox"/> 401(k)/403(b) Option Processed	<input type="checkbox"/> Insurance Companies Notified
<input type="checkbox"/> Company Materials/ Equipment Returned	<input type="checkbox"/> Trade Secret/Confidentiality Obligations	<input type="checkbox"/> COBRA Notification Processed	<input type="checkbox"/> Dental
<input type="checkbox"/> Final Pay	<input type="checkbox"/> Vacation Due: Days _____ Hours _____	<input type="checkbox"/> Direct-Deposit Institution Notified	<input type="checkbox"/> Health (Major Medical & Medical)
<input type="checkbox"/> Life Insurance Conversion		<input type="checkbox"/> Employee Records Archived	<input type="checkbox"/> Life Insurance
<input type="checkbox"/> Mail/Pick Up Last Paycheck		<input type="checkbox"/> Facility/Systems Rights Finalized	<input type="checkbox"/> Separation Noted in Personnel Records
<input type="checkbox"/> Outstanding Expense Reports/Advances		<input type="checkbox"/> Payroll Adjustment Forms Processed	<input type="checkbox"/> _____
			<input type="checkbox"/> _____

Employee provided copy Yes No If yes, date: _____

Supervisor Signature _____ Date _____

Human Resources Signature Sheree Moore Date 11-26-18