



Monmouth County Human Resources
Separation Report

Employee Name: _____ Employee ID Number: _____

Department: _____ Division: _____

Effective Separation Date: _____ Anticipated Last Day of Work: _____

Mailing Address: _____ Verified ___

Personal Email Address: _____ Verified ___

Home Phone Number: _____ Cell Phone Number: _____ Verified ___

Page one of this form must be completed and submitted at least two weeks prior to the employee's effective separation date.

Reason for Separation:

Voluntary Termination

Resignation in Good Standing/Two Weeks' Notice Given or Waived

Resignation Letter (must be attached) Verbal Resignation Accepted by: _____

Retirement Separation Agreement

Other: _____

Involuntary Termination

Disciplinary Action* Release – Provisional Appointment

Release – End of Work Test Period** Temporary/Seasonal

Other: _____

*Disciplinary Action: Department is required to submit a Disciplinary Action Request for Hearing form to the Office of Professional Standards for review and approval to issue notices for a formal administrative hearing and its conclusion before issuing a Separation Report.

**Release – End of Work Test Period: Supporting Documentation must be attached to Progress Reports

Voluntary Terminations Only:

Department/Division Head or their Designee must meet with separating employees and schedule the following meetings.

Benefits meeting to take place at least one week prior to separation:

Benefit Meeting (Employee + Spouse/Partner) Date/Time: _____ Completed ___

Anticipated Last Day of Work:

OPS Exit Interview Appointment Date/Time: _____ Completed ___
(ID Badges will be surrendered to OPS)

Final Benefit Meeting (if necessary) Date/Time: _____ Completed ___
(Employee + Spouse/Partner)

Comments: _____

Department Head/Designee Signature: _____ Date: _____



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This form must be completed and submitted electronically the last day the employee works.

Assets Surrendered (check off all that apply):

Table with 3 columns: Assets, Date Returned, Returned to. Rows include ID Badge, Vehicle Key(s), Building Key(s), Cell Phone, Laptop, Tablet, Uniform(s), and Other.

Final Pay Period

Last Day Worked _____

- Employees may be subject to realignment if hired prior to January 1, 1996 – please verify with Finance Department
Earned benefit leave is not normally part of the required two weeks’ notice without compelling reason in comments below.
Failure to waive less than two weeks’ notice requires a formal disciplinary action request by department.
Earned unused vacation, compensatory and holiday leave must be paid out in the final paycheck.
Personal leave is either used or lost and is not to be paid out in the final paycheck.
Employees are liable for unearned used personal, vacation, sick, and holiday leave.
Employees may be eligible to apply for Supplemental Sick Leave compensation only upon retirement approval from the state Division of Pensions and Benefits, or death. Application forms are available online or from the HR Benefits Office.

___ Realignment Owed Realignment Amount _____ Standard Daily Hours _____

For the Final Paycheck from _____ (date) to _____ (date), please complete the following:

Table for calculating final paycheck with columns: + Final Pay Period Hours, - Unearned Used Leave, + Earned Unused Leave, = Final Paycheck. Rows include Regular, Vacation, Sick, Personal, Compensatory, Holiday, and Unauthorized hours, plus a Total row.

Comments: _____

Department Head/Designee Signature: _____ Date: _____