



Department of Human Resources Separation "Goldenrod"

Name:	Separation Date:
Department:	Position:

THIS FORM MUST BE COMPLETED BY THE APPROPRIATE PERSONNEL IN EACH DEPARTMENT BELOW PRIOR TO YOUR SEPARATION MEETING WITH HUMAN RESOURCES.

YOUR DEPARTMENT

a) Equipment Yes N/A
b) Key/s Yes N/A
c) Uniforms Yes N/A
d) Procurement Purchase Card Yes N/A

Department Representative: _____ Initial: _____

FINANCE DEPARTMENT

a) Deferred Compensation Review Yes N/A
b) Final Paycheck Yes N/A
 W2 Options..... Yes N/A
 Final Paycheck Distribution..... Yes N/A

If you currently receive a live check, please select designation below:
 Hold for me to collect Mail to address on file

Finance Representative: _____ Initial: _____

CITY CLERK

a) Conflict of Interest Statement..... Yes N/A

City Clerk Representative: _____ Initial: _____

EMPLOYEE CERTIFICATION

I have met with all the departments above and understand my final paycheck will be processed with the current information on file on the next regularly schedule City pay date after my last day of employment. I also agree that I have returned all City property to the appropriate area.

Employee Signature

Date