**Employee Separation Form**

**This form must be completed any time an employee is leaving the organization (voluntarily or involuntarily). Please submit this form and all supporting documentation to Delta Gamma FHC Payroll via fax to 614-481-7064 or e-mail to** [**fhcpayroll@deltagamma.org**](mailto:fhcpayroll@deltagamma.org)**.**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

House Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Separation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of actual work (if different than separation date): \_\_\_\_\_\_\_\_\_

**Reason for Separation (please circle):**

**Voluntary:**

No show, no call (3 days)

Personal Reasons

Accepted another position

Relocation

Dissatisfaction with pay, duties, hours

Other

**Involuntary:**

Unsatisfactory Work Performance (please attach verbal/written warning)

Attendance (please attach verbal/written warning documentation)

Violation of company policy (state which policy)

Falsification of records

Insubordination

Other

**Please state specific event that lead to involuntary termination:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of employee/volunteer who discharged the employee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe exactly what the employee was told when discharged**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Upon separation, was the employee paid or will the employee be paid any of the following:**

Severance (please state time frame and how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Holiday (please state which holidays/how many hours/how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Wage in lieu of notice (please state time frame and how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vacation (please state timeframe and how much): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employees permanent address: