

CITY OF MARQUETTE

SEPARATION REPORT

| | | | |
|---|--------------------|-----------------------|--|
| EMPLOYEE NAME (Last) _____ (First) _____ (M) _____ | | | |
| Mailing Address _____ | | | |
| DEPARTMENT _____ | POSITION _____ | EMPLOYEE NO. _____ | SUPERVISOR _____ |
| HIRE DATE _____ | TODAY'S DATE _____ | LAST DAY WORKED _____ | EFFECTIVE DATE _____ |
| TYPE OF SEPARATION (Check one) <input type="checkbox"/> Resignation (attach letter of resignation) <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> End of season /Assignment <input type="checkbox"/> Layoff <input type="checkbox"/> Other _____ | | | Mail Check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| REASON FOR SEPARATION <input type="checkbox"/> Absenteeism/Tardiness <input type="checkbox"/> Job Change <input type="checkbox"/> Personal <input type="checkbox"/> Reduction In Force <input type="checkbox"/> Performance <input type="checkbox"/> Violation of Policies/Procedures <input type="checkbox"/> Other _____ | | | |

EMPLOYEE EVALUATION (Check appropriate boxes)

| | Unsatisfactory | Fair | Satisfactory | Good | Excellent |
|-------------------|----------------|------|--------------|------|-----------|
| Attendance | | | | | |
| Cooperation | | | | | |
| Initiative | | | | | |
| Job Knowledge | | | | | |
| Quality of Work | | | | | |
| Job Productivity | | | | | |
| Dependability | | | | | |
| Work Safety | | | | | |
| Management Skills | | | | | |

Recommendation: Without Reservation With Some Reservation Would Not Recommend

Rehire? Yes No If No, Reason: _____

ADDITIONAL COMMENTS

Dept. Head / Supervisors Signature _____ Date _____

FOR OFFICE USE ONLY

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Cobra Notification | <input type="checkbox"/> Insurance Company Notified | <input type="checkbox"/> HRA | <input type="checkbox"/> Pension Forms Signed |
| <input type="checkbox"/> Company Materials / Keys Returned | <input type="checkbox"/> Status Change Report | <input type="checkbox"/> IS Notified | <input type="checkbox"/> Vacation/Sick/Benefit Time Due |
| <input type="checkbox"/> Resignation Form on File | <input type="checkbox"/> Section 125 Plan | <input type="checkbox"/> Food Allowance-Fire | |