

# SEPARATION OF EMPLOYMENT

 Business Unit:

Choose an item.

Email completed form to the (S)VP

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 The (S)VP submits the form after review: [APSHR@ascprop.com](mailto:APSHR@ascprop.com)
**INVOLUNTARY: SUBMIT PRIOR TO SEPARATION**
**VOLUNTARY: WITHIN 1 HOUR**

It is the responsibility of the **Manager** to complete this form and secure all property and/ or acknowledge pay deductions from final payroll for damaged or non-returned property. Upon receipt, the HR Department will reply and attach **The Property Requisition** form on file with the employee. HR will supply a blank form for any Employee who does not have property on file. This form must be completed and submitted to APSHR for processing.

**EMPLOYEE NAME** Click or tap here to enter text.

**ID #** Click or tap here to enter text.

**UPDATED DIRECT REPORT:** Click or tap here to enter text.

**TERM EFFECTIVE DATE** Click or tap to enter a date.

**REHIRABLE**  Yes  No

**LAST DAY WORKED** Click or tap to enter a date.

**If 'NO,' COMMENTS** Click or tap here to enter text.

**INVOLUNTARY SEPARATION – Contact Human Resource Manager/ Director prior to Separation**
**Reason:** Choose an item.

**Sub-Reason:** Choose an item.

**Comments:** Click or tap here to enter text.

**VOLUNTARY SEPARATION**
**Resignation:** Choose an item.

**Sub-Reason:** Choose an item.

**Notice:** Choose an item.

**Other (if applicable):** Click or tap here to enter text.

**OTHER SEPARATION**
**Miscellaneous:** Choose an item.

**Comments (if applicable)** Click or tap here to enter text.

**FINAL PAYROLL HOURS**

Week Ending	Click or tap to enter a date.		Final Payroll Hours	Click or tap here to enter text.		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

**LEAVE OF ABSENCE (LOA)**
 Not eligible for FMLA  Approved Leave

 **FMLA, Company Medical, Military, Personal, (Jury, Funeral) or other - The employee or manager must contact their Regional HR Manager to request LOA. Reference the Employee Handbook for guidelines.**

Click or tap here to enter text.

**Workers' Compensation – Notify Risk management for approval.**

X

X

Manager/ VP Signature Click or tap to enter a date.

Upper-Level Approver Name (SVP) (If applicable) Click or tap to enter a date.