



SEPARATION FROM SERVICE

This form is to be used when an individual leaves employment at BOCES, whether voluntary or involuntary. If the separation is due to a resignation, including resignation for the purpose of retirement, please attach the letter received to this form.

Employee Name: _____ **Last Work Day:** _____

Employee Position: _____ **Date of Separation:** _____
(To be completed by HR)

Reason for Separation:

- Resignation *(please attach letter of resignation to this form)*
- Reduction in Force *(please note relevant details and dates below)*
- Suspension/Administrative Leave *(please note relevant details and dates below)*
- Termination *(please note reason for termination and relevant details and dates below)*
- Retirement *(please attach retirement letter to this form and note relevant details and dates below)*

Is the employee requesting Health Insurance in Retirement? If yes, please specify insurance details **(To be completed by HR)** _____

Relevant Details, Dates, and/or Special Instructions: _____

Director: _____

Date: _____

Assistant/Deputy Superintendent: _____

Date: _____

Director of Human Resources: _____

Date: _____

District Superintendent: _____

Date: _____