

**EMPLOYEE STATUS INFORMATION  
TERMINATING EMPLOYMENT FORM**

**COUNTY OF PULASKI, INDIANA**

*AN EQUAL OPPORTUNITY EMPLOYER*

**IMPORTANT NOTICE: PLEASE SUBMIT THIS INFORMATION AS SOON AS POSSIBLE TO THE AUDITOR'S OFFICE FOR PROCESSING WITH YOUR OTHER NECESSARY PAPERWORK (INSURANCE AND PERF)**

*Employee Name:* \_\_\_\_\_ *SSN#:* \_\_\_\_\_

*Address:*  
\_\_\_\_\_  
\_\_\_\_\_

*Department:* \_\_\_\_\_

*Position Title:* \_\_\_\_\_ *Appropriation Number:* \_\_\_\_\_

*Date of Separation:* \_\_\_\_\_

*Type of Termination:*  *resignation*  *discharge*  *retirement*  *layoff*

**REASON FOR SEPARATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Employee Returned*  *office keys*  *vehicle & keys*  *desk/cabinet keys*  *ID card*

*tools, including:* \_\_\_\_\_

*equipment including:* \_\_\_\_\_



**INSURANCE:** COBRA OFFERED WITHIN 14 DAYS OF EVENT. YES \_\_\_\_ NO \_\_\_\_

**PERF:** RETIREMENT FORMS GIVEN OR OFFERED?: YES \_\_\_\_ NO \_\_\_\_

Employee  is eligible to continue health insurance at cost of \_\_\_\_\_  
 is not eligible to continue health insurance

LAST PAYCHECK: MAIL \_\_\_\_ OR TO BE PICKED UP \_\_\_\_ DIRECT DEPOSIT \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Accrued/unused PTO paid: \_\_\_\_\_

Accrued/unused comp time paid: \_\_\_\_\_

IF SEPARATION IS FOR ANY OTHER REASON OTHER THAN RESIGNATION OR RETIREMENT,  
PLEASE ATTACH A COPY OF THE NOTICE OF DISCIPLINARY ACTION. \_\_\_\_\_

**EMPLOYEE AND DEPARTMENT HEAD ARE RESPONSIBLE FOR INFORMING THE AUDITOR'S  
OFFICE IMMEDIATELY UPON TERMINATION. INFORMATION REGARDING THE ABOVE SHOULD  
BE SUBMITTED IMMEDIATELY SO AS TO PROTECT THE EMPLOYEE'S RIGHT AND TO UPHOLD  
THE EMPLOYER'S OBLIGATIONS.**

EMPLOYEE'S SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

DEPARTMENT HEAD SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

