

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:

