

Employee Leave & Termination Form

Personal Data

ID#	Last Name	First name	Middle Initial
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Job Data

Effective Date	Action	Reason	Position Number
Department Number	Department Title	Job Code	Job Title

Leave Information:

- Occupational / FMLA _____ Date of Injury / Illness
- Occupational / Non-FMLA _____
- Non- Occupational / FMLA _____ First Day Used Leave
- Non-Occupational / Non-FMLA _____
- Disciplinary _____ First Day All Pd. Lv. Exhausted
- Special Leave _____
- Military Leave _____ First Day Returned to Payroll after Leave is Completed
- Administrative Leave
- Inactivate Without Pay Reactivate

Remarks:

Leave Information:

Last Day Worked _____
(or Paid for)

Vacation Hours _____

Sick Leave Hours _____

Overtime Hours _____

Comp. Hours _____

Regular Hours _____

Other Hours _____

Div. / Supv. _____ Date

Employee _____ Date

Dept. Director _____ Date

Asst. City Mgr. _____ Date

City Mgr / Designee _____ Date

Human Resources Rep. _____ Date

Distribution by HR: Original to Personnel File Payroll Department

Prepared By: _____ Date: _____ Phone: _____