CITY AND COUNTY OF BROOMFIELD NOTICE OF SEPARATION

Employee Name:						Employee	ID #:		
Department:						Division:			
Position T	itle(s):								
Please indicate type of separation (check only one box):									
	Separation—Resignation Circle reason for leaving: New Job School								
	:	Scheduling Conflicts Retiring Staying home							
		Moving (Please also complete Change of Address form so W-2 can be mailed in January).							
	Other:								
	SeparationEnd of Temporary Appointment								
	SeparationDismissal								
	Separat	SeparationFailure to Report to Work (3 day rule) - Dates Missed:							
Last Day Worked (Month/Day/Year):									
Employee's Signature:						Date:			
(If employee is unavailable for signature, please indicate who completed this form.									
Print Name:									
Personal email address for Direct Deposit:									
Received and Accepted by							Date:		
(Supervisor's Signature):									
FOR HUMAN RESOURCES DEPARTMENT USE ONLY									
Notice Received By:							Date:		
Exit Interview Scheduled:									

Attention Supervisors

For full-time employees:

- 1. Complete and submit final timesheet to Payroll as soon as possible so that a final paycheck can be calculated.
- 2. Submit an IT Help Request within 24 hours of separation to disconnect email access (if applicable). Be sure to tell them if you would like messages from this account forwarded to someone else.

For all other employees:

- 1. Complete and submit final timesheet to Payroll by the normal deadline so that a final paycheck can be calculated.
- 2. Submit an IT Help Request within 24 hours of separation to disconnect email access (if applicable). Be sure to tell them if you would like messages from this account forwarded to someone else.
- 3. If non-benefited, please collect ID badge (if applicable) and return it to HR on the final work day so it can be deactivated.