

# SEPARATION FROM EMPLOYMENT CLASSIFIED EMPLOYEE

## BAINBRIDGE COLLEGE

HUMAN RESOURCES  
ADMINISTRATION BUILDING  
2500 E. SHOTWELL STREET  
BAINBRIDGE, GA 39819  
(229) 248-2520

PLEASE SUBMIT TO BAINBRIDGE COLLEGE HUMAN RESOURCES ON OR BEFORE EMPLOYEE'S LAST DAY WORKED – OR WITH **FINAL TIME REPORT (IF NOT SUBMITTED IN ADVANCE)**.

**THIS SECTION MAY BE COMPLETED BY THE  
EMPLOYEE AND/OR THE SUPERVISOR**

LAST NAME, FIRST NAME MIDDLE NAME			SOCIAL SECURITY NUMBER	
DEPARTMENT/DIVISION		ACCOUNT NUMBER		<input type="checkbox"/> RESIGNED <input type="checkbox"/> DISCHARGED** <input type="checkbox"/> OTHER (EXPLAIN BELOW)
POSITION/TITLE	LAST DAY WORKED – <b>REQUIRED</b>		<input type="checkbox"/> DROPPING ACCOUNT/DEPT - STILL EMPLOYED WITH UEI AT _____	

\*\*IF EMPLOYEE IS DISCHARGED – PLEASE CALL HUMAN RESOURCES FIRST

### SECTION 1 ~ EMPLOYEE

**REASON FOR SEPARATION (PLEASE EXPLAIN FULLY):** \_\_\_\_\_

<b>FINAL PAYCHECK (CHOOSE ONE):</b>	<b>NEW ADDRESS</b> - (IF DIFFERENT THAN PERMANENT ADDRESS FOR PURPOSES OF MAILING <b>W-2 FORM ONLY</b> )			
<input type="checkbox"/> PLEASE ISSUE MY FINAL CHECK ON THE REGULAR PAYDAY	STREET ADDRESS			APT #
<input type="checkbox"/> PLEASE PREPARE AN OFF-CYCLE CHECK* (WE ARE UNABLE TO DIRECT DEPOSIT MANUAL CHECKS) <i>SUPERVISOR'S INITIALS FOR OFF-CYCLE CHECK</i> _____	CITY	STATE	ZIP	PHONE

\*IF REQUESTING AN OFF-CYCLE CHECK, PLEASE CALL HUMAN RESOURCES AT (229) 248-2520 IMMEDIATELY

X \_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

### SECTION 2 ~ SUPERVISOR

	N/A	YES	NO	
EMPLOYEE ELIGIBLE FOR REHIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(If no, please explain below.)
KEYS RETURNED (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFORM RETURNED (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRAVEL ADVANCES CLEARED (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS: \_\_\_\_\_

PRINTED NAME OF SUPERVISOR PHONE EMAIL ADDRESS

X \_\_\_\_\_  
SUPERVISOR / MANAGER SIGNATURE DATE

#### BAINBRIDGE COLLEGE USE ONLY

APPROVAL _____ HUMAN RESOURCES DATE _____ PROCESSED BY _____ DATE _____	PAYROLL OFF-CYCLE CHECK # _____ DATE _____ PROCESSED _____ DATE _____
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