

CREEK COUNTY EMPLOYEES TERMINATIONS

NAME: _____

SOCIAL SECURITY: _____

DATE TERMINATED: _____

REASON FOR TERMINATION: (Check One)

- ☐ Voluntary Termination of Employment/Resignation
- ☐ Involuntary Termination of Employment (i.e. Laid Off, Redundancy, Misconduct, Etc.)
- ☐ Involuntary Termination of Employment (Due to Gross Misconduct)
- ☐ FMLA Exhausted
- ☐ Leave of Absence/Workman's Comp
- ☐ Retiring
- ☐ Death

ACCUMULATED HOURS AS OF TERMINATION DATE

Sick Leave Hours: _____

Overtime Hours: _____

Vacation Hours: _____

Holiday Hours: _____

EMPLOYEE SIGNATURE

DATE

HEAD OF OFFICE

DATE