

THE CAPITOL GROUP			
EMPLOYEE SEPARATION NOTICE			
Date: _____			
Name		Department	Effective Date
Employee Number	Social Security Number	Payroll Classification	File Number
REASON		COMMENTS	
<input type="checkbox"/> No work <input type="checkbox"/> Absence <input type="checkbox"/> Sickness <input type="checkbox"/> Death <input type="checkbox"/> Discharged <input type="checkbox"/> Quit <input type="checkbox"/> Other _____ _____ _____		_____ _____ _____ _____ _____ _____	
THIS FORM MUST BE COMPLETED AND FILED WITH THE OFFICE IMMEDIATELY UPON RELEASE OF EMPLOYEE	Employee Supervisor	Date	Personnel Department Date
	Department Supervisor	Date	Payroll Department Date

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