



OWOSSO PUBLIC SCHOOLS

Ready for the World

Termination of Employment

Submit to Human Resources Department

SECTION A: To be completed by Supervisor:		
Name		Location
Position		
Termination Code <input type="checkbox"/> 01 Retired <input type="checkbox"/> 03 Resigned <input type="checkbox"/> Involuntary termination <input type="checkbox"/> Layoff <input type="checkbox"/> Other		Date letter of resignation received <input type="checkbox"/>
Effective date of resignation		Last day worked
<p>All email, user accounts and passwords are to be terminated immediately (within 24 hours) upon the notification of termination of employment. Please list items and/or access to be terminated.</p> <p>Email _____ CHRI access _____ Microsage _____ Passwords _____</p> <p>Other _____</p> <p>Completed by HR and/or Technology Dept.: Date _____ Initial _____</p>		
Keys Turned In <input type="checkbox"/>	Credit or ID cards returned <input type="checkbox"/> Specify:	Other materials (specify):
Prepared by		Dated Completed
SECTION B: To be completed by Human Resources:		
Accumulated vacation hours	Amount Paid	
Accumulated sick hours	Amount Paid	
Other	Amount Paid	
Comments		
Human Resources Authorized Signature		Date

For Human Resources use:

- COBRA Notice mailed/delivered _____
- Life Insurance Notification mailed _____
- Termination of Benefits effective _____
- Notice to payroll _____
- Notice to insurance carriers _____
- Health Dental Vision Optional/All
- Final Salary Affidavit mailed _____ (for retirement only)
- Microsage updated _____
- Tech Dept Notified _____

Initial and Route to:

- HR _____
- Copy to Union _____
- Accounting - Budgeting _____
- Payroll _____
- Return to Human Resources _____
- Scanned _____