

Separation Form

SUPERVISOR:

- 1) Please complete this section and submit to Human Resources as soon as you receive notice from the employee.
- 2) If the employee provided written notice or correspondence regarding their separation, please attach a copy to this form.
- 3) Download the Employee Offboarding Checklist from the Human Resources website.

Employee Type:	MID Employee	EDUS	taff Employee	Other	
ame: Effective Date of Separation (last day):					
Reason for Separation:			Details:		
If the employee has more	than one position,	is this a comp	lete separation from a	ll positions at Mid?	
Yes, separate the	employee from all	positions.			
No, separate only	position(s) listed b	pelow and kee	p other position(s) act	ive.	
If we are only separating p	ositions, please pr	ovide the posi	tion title(s) below.		
Position(s) to be separated	d:				
The rating of this employe	e's work performa	nce:			
Outstanding	Above Av	erage	Met Standards	Below Standards	
Would you re-hire this em	ployee?	Yes	No		
Comments:					
Supervisor Signature: Date:				Date:	
HUMAN RESOURCES:					
Signature of HR representative form received by:				Date:	
Exit survey sent:	Yes	No	Date:		
HelpDesk Ticket submitted	d: Yes	No	Date:		
Tuition Benefit Used	Yes	No	If Yes notify Direct	or of Accounting ASAP to process ca	alculation