



Separation Form

Employee Type: MID Employee

EDUStaff Employee

Other

Name: _____ Last Day of Work: _____

Position Title: _____

Is this a position only separation?

Position Only: No Yes (if separating from a specific position only)

If yes, Employee section is not required to be completed.

EMPLOYEE: Please complete this section and submit to Direct Supervisor

Reason for Leaving:

Address for W-2 Tax Form to be mailed: _____

Employee Signature: _____ Date: _____

**All property of Mid must be returned to your supervisor by your last day of employment. Please contact Human Resources to schedule an Exit Interview.

SUPERVISOR: Please complete this section and submit to Human Resources prior to the employees last day of work.

Employee Effective Date of Separation: _____

Did employee return the following:

| | | | |
|----------------------|-----|----|-----|
| ID Badge: | Yes | No | N/A |
| Keys: | Yes | No | N/A |
| Computer/Technology: | Yes | No | N/A |

The rating of this employee's work performance:

Outstanding Above Average Met Standards Below Standards

Would you re-hire this employee? Yes No

Comments:

Supervisor Signature: _____ Date: _____

HUMAN RESOURCES:

Signature of HR representative form received by: _____ Date: _____

HelpDesk Ticket submitted: Yes No Date: _____