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 also attach a copy to this form.**
3) **Download the Employee Offboarding Checklist from the Human Resources website.**

Employee Type: ◉ MID Employee ○ EDUStaff Employee ○ Other

Name: _____ Effective Date of Separation (last day): _____

Reason for Separation: Select One _____ Details:_____

If the employee has more than one position, is this a complete separation from all positions at Mid?

○ Yes, separate the employee from all positions.

○ No, separate only position(s) listed below and keep other position(s) active.

If we are only separating positions, please provide the position title(s) below.

Position(s) to be separated: _____

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: _____

Exit survey sent: ☐ Yes ☐ No Date: _____

HelpDesk Ticket submitted: ☐ Yes ☐ No Date: _____