

Location: Jamestown
High Point
Greensboro
(circle one)

Part-Time Employee Separation Form

Name: _____ Social Security Number: _____

Position Title: _____ Dept/Div: _____

Date of Separation: _____ Type of Separation: (Please check one)

- Voluntary Resignation Deceased Lay off
- Involuntary Termination Retirement Grant expired

Eligibility for rehire: yes / no. If no, why not _____

Signature of Supervisor/Department Chair/Dean *Date*

Please return this completed form to the Human Resources within two working days of employee separation.