

# Notice of Employee Termination

Employee Name: \_\_\_\_\_

School/s: \_\_\_\_\_

Date of Termination: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

Reason for Leaving (Please attach termination letter.): \_\_\_\_\_

Do you want COBRA, if you are eligible?  Yes  No

Laptop Computer Returned?  Yes  No

Teacher Editions Returned?  Yes  No

Key Card Returned?  Yes  No

Professional Development Update in Manual?  Yes  No

Personal Materials Removed?  Yes  No

Date of Exit Interview: \_\_\_\_\_

Forwarding E-Mail Address: \_\_\_\_\_

(Your Company e-mail account will permanently close one week after termination. All e-mail will be irrevocably deleted.)

Signature of Employee: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**Distribute Completed Form to: GEE (734)662-7756 (fax) and School Office**

## FOR OFFICE USE ONLY

\_\_\_ COBRA Notification

\_\_\_ Company Materials Returned

\_\_\_ Dental Ins. Co. Notified

\_\_\_ Vacation Due: Hours \_\_\_ Days \_\_\_

\_\_\_ Health Ins. Co. Notified

\_\_\_ Retirement Distribution