

**CITY OF GLENDALE
SEPARATION NOTICE**

Employee Name: _____ Employee I.D. #: _____ Salaried Hourly
Classification: _____ Department/Division: _____
Employee Personal Email: _____ Employee Personal Cell Phone: _____

Form is completed by: Employee Supervisor

Multiple position hourly employee. Keep employee active and terminate the following position(s): _____
list position number(s) to terminate

Section I. SEPARATION DATE

SEPARATION EFFECTIVE DATE (last day worked): _____

Section II. SEPARATION REASON

Check one bolded category and one reason within the category, sign, and date:

- | | | |
|--|---|---|
| <p><input type="checkbox"/> RESIGNATION (please check one)</p> <ul style="list-style-type: none"><input type="checkbox"/> To take another job<input type="checkbox"/> Relocation<input type="checkbox"/> Return to school<input type="checkbox"/> End of temporary employment<input type="checkbox"/> Dissatisfaction (explain)<input type="checkbox"/> Family reasons (explain)<input type="checkbox"/> Health reasons (explain)<input type="checkbox"/> Personal reasons (explain) | <p><input type="checkbox"/> RETIREMENT (please check one)</p> <ul style="list-style-type: none"><input type="checkbox"/> Service Retirement<input type="checkbox"/> Disability Retirement <p><input type="checkbox"/> DISCHARGE (please check one)</p> <ul style="list-style-type: none"><input type="checkbox"/> Removal<input type="checkbox"/> Failed Probation<input type="checkbox"/> Failed Academy<input type="checkbox"/> Incarceration | <p><input type="checkbox"/> LAY-OFF (salaried only)</p> <ul style="list-style-type: none"><input type="checkbox"/> Placed on Layoff List
(applies only to salaried, classified) <p><input type="checkbox"/> DEATH</p> <p>Date of Death: _____</p> |
|--|---|---|

Explanation: _____

If employee is completing this form, the following will apply:

Please accept my separation for the reason stated above. I understand that all City issued property will be turned in at the time of my separation. I authorize the City of Glendale, Finance Department, to deduct any amounts due to the City per City policy, MOU, and/or ordinance.

I understand I will be contacted by Human Resources to conduct an exit interview and to discuss changes to my benefits as a result of my separation. I further understand that if I have been issued City property such as a telephone, laptop, iPad, or other electronic devices, I am responsible for returning these items to the Information Services Department.

Employee's Signature

Date

Note: Radios should be returned to the Radio Shop, and keys (not including keycards) should be returned to Facilities. Your City issued ID and receipts pertaining to procurement card charges shall be turned in to your supervisor. Please call ahead prior to visiting the respective departments. Human Resources: (818) 548-2110, Information Services Department: (818) 548-4085, Radio Shop: (818) 548-3733, Public Works Facilities: (818) 548-3970, Purchasing Section (818) 548-2102.

If the employee is unavailable to complete this form, the following will apply:

The supervisor will be responsible for collecting the employee's City issued ID, procurement card receipts, keys, radio, and any electronic devices that the employee was issued and returning them to the Information Services Department, Radio Shop, Facilities, and Purchasing. Please call ahead prior to visiting the respective departments. Human Resources: 548-2110, Information Services Department: (818) 548-4085, Radio Shop: (818) 548-3733, Public Works Facilities: (818) 548-3970, Purchasing Section: (818) 548-2102.

Supervisor's Signature (if employee is unavailable)

Date