

Separation *without* Notice



The Supervisor should:

- Scan & email signed copy to humanresources@racinecounty.com AND payroll_finance@racinecounty.com as soon as possible.
- Forward the original of this supervisor-signed form through interoffice mail to **Human Resources – 7th floor Courthouse.**

Employee Name

Employee ID Number

Supervisor

Department

Position

Date of Separation

* If employee was a no call/no show, this would be the third day they were absent from work. If they resigned immediately without notice, this would be the date they resigned.

*Supervisor Comments

My signature verifies I have confirmed the above termination date and the last day the employee is present at work are correct per their schedule.

Supervisor Signature

Date

Print Supervisor Name

Work Phone