Notice of separation

Give this notice to every employee who is discharged, laid off or placed on leave, on or before the last day of work, and keep a copy in the personnel file.

Employee and employer

Employee name and job title: _____

Employer name: _____

Employer address and phone: _____

Change in employment

☐ Discharge ☐ Layoff ☐ Leave of absence ☐ Change in status (explain)

Last day worked: _____

Effective date of separation (exact date):

_____

Expected return date (leave only): _____

Benefits

Health, dental and vision end on (exact date):

_____

Other benefits end on (exact date): _____

☐ COBRA or state continuation notice will be sent by the plan administrator ☐ No group health plan

Final pay

Final paycheck date and method: _____

Accrued vacation or PTO paid (hours): _____

Enclosures

☐ California: EDD For Your Benefit pamphlet (DE 2320) ☐ State unemployment notice ☐ COBRA information

☐ Separation or severance agreement ☐ Return of company property list

_____ _____

Employer representative Date

_____ _____

Employee (acknowledges receipt only) Date

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