City of St. Paul
Office of Human Resources

Report No: _____
(H.R. Use Only)

SEPARATION OF EMPLOYMENT

To: _____ Department Name

Process Level: _____

Name: _____

Effective Date: ____ / ____ / ____
Month Day Year

Address: _____

City State Zip Code

City Employee ID: _____

Job Code

Job Title

I hereby resign of my own free will from the service of the City of Saint Paul for the following reason:

Check (1), (2), or (3):

- ☐ **(1) Retirement**
- ☐ **(2) Disability**
- ☐ **(3) Personal Reasons**
- ☐ Deceased
- ☐ Discharged
- ☐ Layoff of Temporary Employee
- ☐ Separation of Temporary Employee
- ☐ Layoff of Certified Employee
- ☐ Separation During Probabtion
- ☐ Separation During Probabtion and Reinstated to Previously Held Title
- ☐ Termination of Exempt Appointment

Read and include signature for reasons #1 through #3.

Once you sign this form, your resignation is irrevocable unless approved in writing by the Department Director and the Human Resources Director.

I understand that an employee who resigns loses all City seniority, and even if the employee is later reinstated, he/she is not eligible for promotion preference in examinations until two years after his/her reinstatement and must have worked 2080 hours. Eligibility for reinstatement expires one year after resignation. Such reinstatement is subject to the approval of the Department Director and the Human Resources Director.

_____ **(EMPLOYEE'S SIGNATURE REQUIRED FOR REASONS 1 - 3)**

_____ **DATE**

INFORMATION BELOW FURNISHED BY EMPLOYEE'S PAYROLL CENTER

Employee's Employee Group: _____

PEHP: ☐ Yes ☐ No

Rate of Pay: $ _____

_____ Hours Vacation out of Sick Leave available but not taken

_____ Termination Settlement (Employee Group 17 only)

Vacation Balance **$** _____ for _____ total hours ☐ Paid into PEHP ☐ Paid Out as Ajustment

This Separation of Employment information is hereby approved and accepted:

_____ **Department Head**

_____ **Appointing Officer**

DO NOT WRITE BELOW THIS LINE… HUMAN RESOURCES USE ONLY

Eligible for Severence (Sick Time) _____

PA Completed T1 _____

PA Completed T3, R1, R2 _____

Info Sent to Auditor _____

Final Vacation Amount _____

Final Timecard Completed _____

Miscellaneous _____

_____

Rev. 1/2016 LAH