

City of St. Paul - Office of Human Resources

SEPARATION OF EMPLOYMENT

Department: _____

Effective Date: _____ / _____ / _____
Month Day Year

Name: _____

Employee # : _____

Address: _____
 (if changed)

Job Title: _____

_____ City State Zip Code

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 | Layoff of Temporary Employee | Separation of Temporary Employee |
| | (2) Disability | Layoff of Certified Employee | Separation of Provisional Employee |
| | (3) Personal Reasons | Separation During Probation | No Show/Never Worked |
| | Deceased | Separation During Probation and Reinstated to Previously Held Title | |
| | Discharged | 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

This Separation of Employment information is hereby approved and accepted:

 Authorized Department Representative

 Date

DO NOT WRITE BELOW THIS LINE ... HUMAN RESOURCES USE ONLY

Hourly Rate: _____ EG: _____ Hours Vacation out of Sick Leave available but not taken

Comp cash out: _____ Termination Settlement (Employee Group 17 only)

Vacation Balance \$ _____ for _____ Total Hours Paid into PEHP Paid Out as Adjustment

PA Completed T1 PA _____
 Completed T3, R1, R2 _____
 Info Sent to Auditor _____
 Miscellaneous _____

Final Vacation Amount _____
 Final Timecard Completed _____
 Spreadsheet _____
 Union Dues Stopped _____

Accrued Sick Days/Hours _____

Length of Service _____

1/2 Daily Salary Rate _____

Date of Birth _____

Amount of Severance to PEHP _____