

Separation Notice - Racine County
For Employee Use Instead of a Resignation/Retirement Letter

An employee must use this Separation Notice to notify his/her supervisor of the intent to leave Racine County employment instead of submitting a resignation or retirement letter. This information will ensure both correct payroll information and the delivery of your final paycheck and W-2 form. To provide sufficient notice, you would need to be present at work for at least 10 working days after giving your written resignation or retirement notice.

The employee should:

- Complete the top Employee Section of this form.
- Submit the completed form to your supervisor.

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Employee Section (Please Type or Print)

Last Name _____ First _____ MI ____
Street _____ Apt. # _____
City _____ State ____ ZIP _____
Home Phone (____) ____ - ____ Other Phone (____) ____ - ____
Social Security # ____ - ____ Employee ID # _____
Department _____ Work Phone (____) ____ - ____

Reason for Leaving Racine County Employment _____.

Employment Separation Date (Last Day Paid) ____/____/____ Last Day Present at Work ____/____/____

Please note: The separation date and Last day present at Work must be regularly scheduled work days, not weekends or holidays.

I have formally applied for retirement Yes* No

*If yes, please attach copy of your "Notice to Retirement Applicant" form from the Wisconsin Retirement System to the original Separation Notice before you forward it to the Human Resources Department.

The information I have provided is correct and complete. I understand I must return my ID badge(s) and all county-owned property (such as keys, cell phones, pagers, County uniforms, computer files, tools, equipment) in my possession by my last day at work.

Employee Signature _____ **Date** ____/____/____

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Supervisor Section

The Supervisor should:

- Provide a copy of the supervisor-signed form to your department payroll.
- Forward the original of the supervisor-signed form to the Human Resources Department, 730 Wisconsin Avenue, Racine, WI 53403.

____ # Years of Racine County employment. Did employee provide sufficient notice? __ Yes __ No
If No, is employee eligible for accrued vacation payout? __ Yes __ No

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 (____) ____ - ____