



Blount County Government Employee Termination Form



DEPARTMENT HEAD/HIRING MANAGER COMPLETE TOP PORTION

EXITING EMPLOYEE NAME _____ ID# _____
AS PRINTED ON SS CARD

POSITION TITLE _____ LOCATION _____ SUPERVISOR _____

TERMINATION EFFECTIVE DATE _____ ELIGIBLE FOR REHIRE? Yes No
DAY AFTER LAST DAY WORKED

SELECT REASON FOR TERMINATION

- | | | | | |
|--------------------------------------|-----------------------------------|--|--|-----------------------------------|
| <input type="checkbox"/> ATTENDANCE | <input type="checkbox"/> DECEASED | <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> LACK OF WORK | <input type="checkbox"/> LAID OFF |
| <input type="checkbox"/> PERFORMANCE | <input type="checkbox"/> POLICY | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> VOLUNTARY LEAVE | |

ELIGIBLE FOR RETIREE PAYOUTS? Yes No IF RETIRING, ARE SICK DAY BEING ROLLED OVER TO TCRS? Yes No

IF YES, PROVIDE AMOUNTS _____ DAYS OF SICK PAYOUT _____
VACATION DAYS MAY NOT APPLY – REFER TO EE HANDBOOK **IF RETIRING, MAY PAYOUT UP TO 30 SICK DAYS**

COMMENTS _____

WILL HR COLLECT EXITING EMPLOYEE'S ASSIGNED COUNTY PROPERTY DURING THE EXIT INTERVIEW? Yes No

SIGNATURE OF PREPARER _____ DATE _____

HUMAN RESOURCES OFFICE USE ONLY

INACTIVE DATE FOR PAYROLL _____ DATE BENEFITS EXPIRE _____
BASED UPON TWO PAYROLL DATES OUT **BASED UPON THE DATE OF EE'S LAST PAYROLL CHECK**

EE TERMINATION ENTERED INTO KRONOS? Yes No EXIT INTERVIEW SCHEDULED? Yes No

SCANNED INTO LASERFICHE? Yes No

COMMENTS _____

HR EE INITIALS _____