

EMPLOYMENT SEPARATION FORM

Submit to: GEB 274 or jcccjobs@jccc.edu

12345 College Blvd. Overland Park, KS 66210-1299 913-469-8500

INSTRUCTIONS: An emplo JCCC, and submit to Hum			must complete this fo	rm when the em	ployee changes positions or so	eparates employment at
Employee Name			JCCC ID Numb	per	_	
Position			Division/Depar	tment	Direct Supervisor	
Last day of employment:	(Month)	(Day)	(Year)			
Note: The effective date of has been granted by		ıst be a regula	arly scheduled work d	ay for the position	n and cannot fall on a holiday u	nless a specific exception
This employment action re	epresents (Plea	ise mark one)	:			
Separation of all	employment a	at JCCC.				
Separation of th	e listed positio	n(s) only.				
Reassignment to	o another posi	tion at JCCC.	(Please indicate reass	signment below.)		
COMMENTS/REASONS:						
Employee's Signature		Dat		Direct	Supervisor's Signature	 Date
Liliployee's Signature		Dai	.c	Direct	Supervisor s Signature	Date
NOTICE TO SEPARATING	EMPLOYEE:					
schedule an in-person exit	interview with a	a Human Reso	ources employee, and/	or if you have any	lege through the exit interview properties of the questions concerning your final bs@jccc.edu or 913-469-3877.	
To ensure completion of l	Employee Offb	oarding tasks	s, this Employee Sep	aration Form mu	st be received in Human Reso	urces (GEB 274) prior to
					your last physical day of work	
					Resources and presented to the and binding upon submission.	ne Board of Trustees for
For use by JCCC Human F	Resources Onl	y:				
ACCEPTED BY:						
	n Resources F			Date		