

EMPLOYEE TERMINATION FORM

Employee's Full Name

Employee ID/Address Book Number

I do hereby notify you of the termination of employment of _____
who is an employee of the _____ Court.

Last day worked: _____

Unused vacation **hours**: _____

Reason for termination: _____

Employee's Signature

Date

Supervisor's Signature/Title

Date

EMPLOYEE RETIREMENT FORM

Employee's Full Name

Employee ID/Address Book Number

I hereby certify that the termination of the above employee is due to employee's retirement as defined by the *Public Employees Retirement Act.

Supervisor's Signature/Title

Date

Last day worked: _____

Unused vacation **hours**: _____

Unused sick leave **hours**: _____

Employee's Signature

Date