



New Orleans Baptist Theological Seminary
Separation Notice

1. Please print and fill in all fields.

Employee Name _____ Payroll # _____

Position _____ Department _____

Supervisor _____

Hire Date ___ / ___ / _____ Last Day Worked ___ / ___ / _____

2. Type of Separation – Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Layoff | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Other Employment |
| <input type="checkbox"/> Mutual Agreement | <input type="checkbox"/> Failed to Return from Leave | |

3. Reason – Check all that apply.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Unacceptable Attendance | <input type="checkbox"/> Lack of Work |
| <input type="checkbox"/> Unacceptable Performance | <input type="checkbox"/> End of Semester | |
| <input type="checkbox"/> Unacceptable Conduct | <input type="checkbox"/> Other _____ | |

4. Remarks

5. Change of Address:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR OFFICE USE ONLY

BACKGROUND CHECK DATE: _____

MINISTRY SAFE DATE: _____