

Employee Separation Cover

Employee Name: _____ **Last 4 of Social:** _____

Facility: _____

Title (ex. COI): _____ **Position #:** _____

Last Known Address:

Phone Number: _____

Email Address (Not WV.Gov): _____

Employee Status: (please check one)

	Temp
--	------

	Permanent
--	-----------

Type of Separation:

- | | |
|--|--|
| | Resignation |
| | Dismissal for Job Abandonment |
| | Dismissal Is employee receiving Severance Pay _____ |
| | Retirement |
| | Death |
| | Transfer - Agency Transferring To: _____ |

Reason for Resignation / Dismissal: _____

Last Day Worked:	
Last Day Paid (if paid leave after LDW):	
Annual Leave Balance	
Sick Leave Balance	
Holiday Leave Balance	

Required Documents to send to DAS

Submit this Cover sheet along with the documents listed below to DASHR@wv.gov	
	Resignation letter and/or incident report or Dismissal Letter.
	If Retiring : Please provide employee's notice of retirement; this should include their intentions for their annual leave: if they want it paid out or if they intend to use it towards tenure with the Retirement Board or extended insurance- if applicable. Please also advise if they plan to keep life and health insurance as a Retiree through PEIA and FBMC
	Final Kronos Timecard (schedule must be on timecard for DOP to approve; can be hand-written if needed if timecard has already been signed off on)
	Acceptance Letter from Superintendent (optional)

 HR Manager or Designee Signature

 Date