

CITY OF PROVIDENCE R.I.

NOTICE OF SEPARATION FROM PAYROLL

Dept. _____
 Div. _____
 Code _____
 Date _____

1. THE FOLLOWING IS A SCHEDULE OF PERSONS WHOSE SERVICES WITH THIS DEPARTMENT HAVE TERMINATED:

Date Effective	Name and Address	Position Title	Legend ☆	Occpl Code No	Basis (no, wk, day, n b)	COMPENSATION		
						Base Pay	Maint. (Deduct)	Gross Pay
	EMP NO.							

2. AN EMPLOYEE MAY HAVE ALL OR SOME OF THE ITEMS LISTED BELOW AS PART OF HIS/HER EMPLOYMENT WITH THE CITY OF PROVIDENCE. PRIOR TO TERMINATION, EACH OF THESE ITEMS IS TO BE RETRIEVED, ACCOUNTED FOR, AND RETURNED TO THE APPROPRIATE DEPARTMENT.

3. CHECK IN SPACE PROVIDED TO ENSURE COMPUTER ACCESS CODES AND BUILDING ALARM CODES HAVE BEEN CHANGED.

- | | | |
|------------------------------|------------------------------|---|
| PAGER | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| CELLULAR PHONE | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| KEYS (Dept, Office, Vehicle) | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| CITY VEHICLE | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| UNIFORM(S) | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| CREDIT/GAS CARDS | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| CITY IDENTIFICATION BADGE | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| PARKING PASS | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| BUILDING ALARM CODES | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| CASH ADVANCE \$ _____ | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |
| OTHER _____ | YES <input type="checkbox"/> | NOT APPLICABLE <input type="checkbox"/> |

DATA GENERAL ACCESS

LOG IN NAME: _____

INITIALS: _____

OTHER/DEPT. SYSTEM ACCESS

LOGIN: _____

PASSWORD: _____

4. ☆ DESIGNATE IN SPACE PROVIDED ABOVE "CAUSE OF TERMINATION" AS DESCRIBED IN THE FOLLOWING LEGEND:

- A RESIGNATION
- B DISMISSAL – LETTER OF EXPLANATION MUST BE ATTACHED
- C LAY-OFF – ESTIMATE DURATION: _____
- D TERMINATION – OTHER. EXPLANATION MUST BE ATTACHED
- E RETIREMENT – (CHECK ONE) VOLUNTARY MANDATORY ACCIDENTAL DISABILITY
- F DEATH. DATE OF DEATH _____

VACATION BENEFITS (CHECK ONE)

- NOT ELIGIBLE AT TIME OF TERMINATION
 - NO ACCRUED VACATION AT TIME OF TERMINATION
 - VACATION FORFEITED BY DISMISSAL
 - ELIGIBLE FOR _____ WEEKS AND CONSIDERED ON THIS FORM
- SHOW LAST DATE EMPLOYEE ACTUALLY WORKED: _____

By: _____ Title: _____
 DEPARTMENT DIRECTOR

APPROVED:

 MAYOR DATE

 PERSONNEL DIRECTOR DATE