

**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.          |                |          |               |                          |              |                 |           |
|                | SS#:             |                |          |               |                          |              |                 |           |

**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