



# EMPLOYEE SEPARATION FORM

This form must be completed by the appointing authority or designee when a permanent or probationary employee separates from employment. Send the completed form to the DAS-HRE Employment Bureau, Pre-Audit Section, along with a copy of the employee's separation letter.

Employee Name: \_\_\_\_\_ Separation Date: \_\_\_\_\_  
 Supervisor at Time of Separation: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
 Job Classification: \_\_\_\_\_  
 Employing Agency: \_\_\_\_\_

- Reason for Separation:
- Abandoned Position
  - At-Will Discharge
  - Just-Cause Discharge
  - Medical Discharge or LTD
  - Probationary Discharge
  - Laid Off
  - Resignation (Including Retirement)
  - Resignation in Lieu of Discharge for Cause (Including Retirement)
  - Death

To be considered as a resignation in lieu of discharge, the resignation must meet one of the following criteria. Please check the appropriate box:

- Resignation occurred during or after a Loudermill meeting.
- Resignation occurred during an investigation when management had sufficient evidence to support a discharge for cause.

**For Probationary and At-Will Discharges ONLY, please provide a recommendation for future employment eligibility by selecting one of the following options:**

- Eligible for all future employment opportunities with the State.
- Restricted from the following job class(es): \_\_\_\_\_
- Restricted from the following department(s): \_\_\_\_\_
- Restricted from **all** job classes and **all** departments.

**Note:** The above recommendation will be considered, if a reason/justification for recommendation is provided in the space below. DAS will make the final decision on eligibility for employment in accordance with Iowa Administrative Code 11—54.2(6).

**Reason/justification for recommendation (Provide relevant facts, including the circumstances surrounding the discharge. Attach an additional sheet, if needed.)**

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Name of Appointing Authority or Designee: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature of Appointing Authority or Designee: \_\_\_\_\_