



EMPLOYEE SEPARATION NOTICE

Use this form when you are separating from state service OR when you are appointed to a position at another Department of Corrections location OR to another state agency. Provide at least 15 calendar days before the effective date.

EMPLOYEE COMPLETES

_____ Last name _____ First, MI _____ Employee ID number

_____ Position title _____ Position number _____ Supervisor name

_____ Last day of employment _____ Last working day _____ Division _____ Office/unit

My separation is voluntary for the reason below:

- Lateral transfer Promotion Resignation from state service
 Retirement Voluntary demotion Other: _____

My lateral transfer, promotion, or voluntary demotion is a:

- Permanent appointment Non-permanent or Acting appointment Exempt appointment

Respond to the following, if applicable:

My non-permanent appointment is anticipated to last approximately _____ months.

My new agency or location (e.g., name of facility, field office, division) will be: _____

My new supervisor's name is: _____

I am leaving state service because: _____

Direct any correspondence after my separation from state service to the following address:

We value your opinion. Human Resources would like to send you a brief survey regarding your

employment with the Department of Corrections. Please provide an email address below where we can send the survey (not your DOC email). We will not put your email on a listserv or share with others. This is simply for us to receive feedback from you.

Email address: _____ Phone number: _____

Comments and/or additional information:

_____ Employee signature _____ Date

Return to local human resources office.

LOCAL HUMAN RESOURCES OFFICE COMPLETES

Received by (local HR rep name): _____ Date: _____ Time: _____

“Last day of employment” entered into HRMS (check to acknowledge entry into HRMS, if applicable) **OR**
 N/A

Forward copy via email to: Appointing Authority, Supervisor, Payroll, Employee, and Roster Manager.

IMMEDIATE SUPERVISOR COMPLETES

Indicate the date and time when the employee gave notice if prior than when notification was received by Human Resources. Date received: _____ Time: _____

Supervisor Signature Date

Ensure the following items are collected or addressed prior to the employee’s separation.

- | | | |
|---|--|---|
| <input type="checkbox"/> Keys | <input type="checkbox"/> Identification card(s)/badge | <input type="checkbox"/> Records access |
| <input type="checkbox"/> Locker keys | <input type="checkbox"/> Leave request/attendance forms | <input type="checkbox"/> System/network access |
| <input type="checkbox"/> Key chits | <input type="checkbox"/> Peace Officer identification card | <input type="checkbox"/> Scan access (Disable) |
| <input type="checkbox"/> Handcuffs/Cuff keys | <input type="checkbox"/> OC & OC holster | <input type="checkbox"/> Proximity/access card(s) |
| <input type="checkbox"/> Uniforms/ID jackets | <input type="checkbox"/> Electronic control devices (Tasers) | <input type="checkbox"/> Credit card(s) |
| <input type="checkbox"/> Officer badge/shield | <input type="checkbox"/> Flashlight & holster | <input type="checkbox"/> Mobile air card |
| <input type="checkbox"/> Radio duty belt/keepers | <input type="checkbox"/> Ballistic vest & plates (complete armor and all carriers) | <input type="checkbox"/> VPN |
| <input type="checkbox"/> Firearm, magazines (3) (including box issued in and associated gear) | <input type="checkbox"/> Smartphone/cellphone (including charger and cable) | <input type="checkbox"/> Flash drive |
| <input type="checkbox"/> Computer(s) (desktop, laptop, laptop bag, monitor, docking station, power cord, keyboard, mice, other peripherals) | | |

Additional information (optional):

Supervisor/designee Signature Date
Completing checklist with employee on last workday

Employee signature (optional at time property is returned) Date

Additional comments:

Route the completed form to the local Human Resources office.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Personnel file **COPY** - Payroll, Roster Manager