

POPE COUNTY

TERMINATION OF EMPLOYMENT FORM

I, _____, take this means to notify you
(official/department head)

that _____ has (resigned/or been terminated).
(employee name) (circle one)

The employee's last day of employment with Pope County will be _____.

For the upcoming pay period from _____ to _____ the employee will be
paid for _____ hours in the _____ position.

PAID A WEEK BEHIND? [] YES [] NO

In addition, the employee has: _____ hours **unused comp time** to be paid and/or
_____ hours **unused vacation** to be paid and/or
_____ # days of **unused sick leave** to be paid upon
retirement per Ordinance 2007-O-42.
MAXIMUM PAYABLE \$50/DAY FOR 60 DAYS

Please state reason for resignation or termination:

(date signed)

(official/department head signature)

REVISED 01/31/2020

HUMAN RESOURCES DEPARTMENT