

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE SEPARATION FORM

Date: _____ Campus: _____

Name: _____ SS#: _____

Position #: _____ Position Title: _____

Reason: _____

Last Day Worked ____/____/____ Last Day of Employment ____/____/____

I understand that my final pay check cannot be released until the separation form and the clearance form have been completed, signed by all parties and received in the Human Resources Department.

Signature of Employee

Mailing Address

City State Zip Code

ADMINISTRATIVE APPROVAL

Supervisor (Please Print)

Date

Supervisor Signature

Supervising Administrator

Date

HUMAN RESOURCES DEPARTMENT USE ONLY

Approved for processing (clearance form must be attached for final processing):

Compensation: _____ ____/____/____

Benefits: _____ ____/____/____

Records: _____ ____/____/____

Human Resources Administrator: _____ ____/____/____