

# Blackfoot Tribe

## Employee Separation Form

**Please Print**

### Employee Information

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

Employee Name \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_  
 Employee/ Payroll # \_\_\_\_\_ Shift \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Separation Meeting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ a.m./ p.m. Location \_\_\_\_\_  
 List individuals present during Separation meeting \_\_\_\_\_

### Separation Details

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR (CHECK ALL BOXES THAT APPLY)

#### Type of Separation

- DISCHARGE  
 Failed to Return  
 From Leave  
 Layoff
- RESIGNATION  
 RETIREMENT  
 OTHER \_\_\_\_\_

#### Reason for Separation

- UNACCEPTABLE**  
 PERFORMANCE  
 ATTENDANCE  
 CONDUCT
- OTHER  
 PERSONAL  
 BETTER POSITION  
 OTHER \_\_\_\_\_

### Final Employee Evaluation

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR

	<u>OUTSTANDING</u>	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>		<u>OUTSTANDING</u>	<u>SATISFACTORY</u>	<u>UNSATISFACTORY</u>
QUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INITIATIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHERENCE TO POLICY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INTERPERSONAL RELATI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUPERVISORY SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ANSWER QUESTIONS BELOW IF ALLOWABLE BY COMPANY POLICY)

Would you rehire?  YES  NO  N/A

Remarks \_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Separation issues Discussed With Employee

TO BE COMPLETED BY PERSONNEL DEPARTMENT

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> PROGRAM CLOSE OUT COMPLETE            | <input type="checkbox"/> Retirement/ Savings                | <input type="checkbox"/> 401(K)/ 403(B) Option Companies Notified  | <input type="checkbox"/> Insurance                       |
| W/MONITOR ( attach monitor clearance)                          | DISTRIBUTION OPTIONS  | <input type="checkbox"/> EMPLOYEE DEDUCTIONS BUSINESS NOTIFIED     | <input type="checkbox"/> DENTAL                          |
| <input type="checkbox"/> COMPANY MATERIALS/ EQUIPMENT RETURNED | <input type="checkbox"/> REVIEW CONFIDENTIALITY OBLIGATIONS | <input type="checkbox"/> DIRECT-DEPOSIT INSTITUTION                | <input type="checkbox"/> HEALTH (MAJOR MEDICAL & MEDICAL |
| Attach form Pre gen 1-98                                       | <input type="checkbox"/> VACATIONS DUE                      | <input type="checkbox"/> FACILITY/SYSTEMS RIGHT FINALIZED NOTED IN | <input type="checkbox"/> SEPARATION                      |
| <input type="checkbox"/> Final Pav                             | DAYS _____  | <input type="checkbox"/> PAYROLL ADJUSTMENT FORMS PROCESSED        | Personnel Records  |
| <input type="checkbox"/> LIFE INSURANCE CONVERSION             | HOURS _____   |  | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> MAIL/PICKUP LAST PAYCHECK             |   |  | <input type="checkbox"/> _____                           |
| <input type="checkbox"/> OUTSTANDING EXPENSE                   |   |  |  |

#### REPORTS/ADVANCES

Employee provided copy  YES  NO If yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Finance Monitor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Procurement Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Personnel Director Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

**EMPLOYEE'S EMPLOYMENT STATUS WAS:** Permanent, F/T - P/T Temporary, F/T - P/T

**Blackfeet Tribe**  
**Employee Separation Form**

**DEPARTMENT LEAVING:** \_\_\_\_\_

**STATUS: TRANSFER RESIGNATION TERMINATION OTHER:** \_\_\_\_\_

Employee must have pertinent staff person initial off on their specific area listed below prior to receiving last check. It is understood if an employee owes money, payment will be deducted from their final paycheck. This may cause a delay in receiving the final paycheck.

\_\_\_\_\_ **Procurement**

\_\_\_\_\_ This employee owes \$ \_\_\_\_\_ and must make full restitution from final check.

\_\_\_\_\_ This employee does not owe Procurement.

\_\_\_\_\_ Cell phone was/was not turned in ( if applicable ).

\_\_\_\_\_ Tribal vehicle and vehicle keys was/was not turned in ( if applicable ).

\_\_\_\_\_ Tribal credit/charge/fleet card was/was not turned in ( if applicable ).

\_\_\_\_\_ Physical inventory has been completed.

\_\_\_\_\_ **Credit**

\_\_\_\_\_ This employee owes \$ \_\_\_\_\_ and must make full restitution from final check.

\_\_\_\_\_ This employee does not owe Credit.

\_\_\_\_\_ **Facilities/ Maintenance**

\_\_\_\_\_

\_\_\_\_\_ **Finance** ( relevant program monitor )

\_\_\_\_\_ This employee owes a balance of \$ \_\_\_\_\_ and has made satisfactory arrangements to settle this debt.

\_\_\_\_\_ This employee does not owe Finance.

\_\_\_\_\_ **Program Monitor**

\_\_\_\_\_ Trip reports are up to date.

\_\_\_\_\_ This employee must submit trip reports for \_\_\_\_\_

\_\_\_\_\_ **Personnel Director**

All necessary paperwork is complete and up to date.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Personnel Directors Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secretary, BTBC Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(for Directors ONLY)**