



New Orleans Baptist Theological Seminary and Leavell College

Separation Notice

1. Please print and fill in all fields.

Employee Name _____ Supervisor _____

Position _____ Department _____

Hire Date ____ / ____ / ____

Last Day Worked ____ / ____ / ____

2. **Type of Separation** – Check all that apply.

Resignation

Layoff

Retirement

Discharge

Leave of Absence

Other Employment

Mutual Agreement

Failed to Return from Leave

3. **Reason** – Check all that apply.

Personal

Unacceptable Attendance

Lack of Work

Unacceptable Performance

End of Semester

Unacceptable Conduct

Other _____

4. **Remarks:**

5. **Change of Address:**

6. The employee is responsible for updating any changes to contact information in Paycom and student portals in order to ensure timely receipt of tax information. _____

(Employee Initials)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____