



THE SALVATION ARMY OFFICIAL EMPLOYEE SEPARATION FORM

EFFECTIVE DATE OF SEPARATION: Month: _____ Day: _____ Year: _____

Division: _____ Ministry Unit: _____

EMPLOYEE INFORMATION

Employee Name: _____ Employee #: _____ SIN: _____

REASON FOR SEPARATION (Please check the appropriate box)

<input type="checkbox"/> Voluntary Resignation	<input type="checkbox"/> Leave of Absence*: (select type of leave)	
<input type="checkbox"/> Retirement	<input type="checkbox"/> Personal Leave of Absence	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Temporary Employment Ended	<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Family Medical Leave
<input type="checkbox"/> Contract (Fixed Term) Ended	<input type="checkbox"/> Parental	<input type="checkbox"/> Reservist Leave
<input type="checkbox"/> Termination	<input type="checkbox"/> Compassionate Leave	<input type="checkbox"/> Bereavement Leave
	<input type="checkbox"/> Organ Donor Leave	

* For employees going on Leave of Absence, benefit cheques must be submitted directly to Payroll Yes No

Would you rehire the employee? Yes No

Comments: _____

RECORD OF EMPLOYMENT

Last Day Worked: Month: _____ Day: _____ Year: _____ Last Day Paid: Month: _____ Day: _____ Year: _____

Expected Return to Work Date: Month: _____ Day: _____ Year: _____ ROE Code: _____

ROE Codes:

Reason for K: _____

A – Shortage of Work	B – Strike/Lockout	C – Return to School	D – Illness/Injury
E – Quit	F – Pregnancy/Parental	G – Retirement	H – Work Sharing
J – Apprentice Training	M - Dismissal	N – Leave of Absence	K* - Other

* When selecting "K" for ROE Code, provide explanation (i.e. poor fit)

FINAL PAY (To be completed by THQ/DHQ HR ONLY)

- Final pay should be for _____ hours.
- Employee portion of monthly benefits are to be deducted regardless of end date: Yes No
- Outstanding vacation hours to be paid (HED 053): _____ Yes No
- Outstanding lieu hours to be paid at straight time (HED 010): Yes – total hours: _____ No
- Percentage of current year's vacation earnings (HED 053) to be paid:
From: Month: ____ Day: ____ Year: _____ **To:** Month: ____ Day: ____ Year: _____ 4% 6% 8% 10% 12%

SEVERANCE PAYMENTS (To be completed by THQ/DHQ HR ONLY)

- Statutory Notice – HED 202 (according to Employment Standards Legislation): _____ weeks
- Gratuitous Severance: _____ weeks (not to be processed until advised by HR)
 - RRSP: HED 201 Eligible Severance (\$2000 into RRSP each year of service prior to 1996 – no proof of room required)
 - HED 200 - Non-Eligible Severance:
 - Attached – Previous year Notice of Assessment (CRA)
 - Attached – Bank Institution Details: (contact name, address, RRSP account #)

AUTHORIZATION (Signatures Required)

_____ (ED/Corps Officer/Director/Department Head)	_____ (Divisional/Area Commander) – if applicable	_____ (Human Resources/Employee Relations)
_____ (Date)	_____ (Date)	_____ (Date)