

COMMUNITY ACTION, INC. OF CENTRAL TEXAS

RESIGNATION/TERMINATION FORM

Employee: _____ Program: _____

Position: _____ Resignation: _____ Termination: _____

Reason: _____

Effective Date: _____ Last Day at Work: _____

If last day at work is different from effective date, please indicate reason: _____

- Employees are expected to provide two weeks written notice of intent to resign.
- Unused vacation time will be paid in lump in the employee's final paycheck. *
- Group health, dental and life insurance coverages are valid through the end of the month in which an employee terminates or resigns. Group health and dental insurance may be continued through COBRA. Written information will be provided to eligible employees by mail following the effective date or the resignation or termination.
- Retirement information will be provided to plan participants by mail following the effective date of resignation or termination.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

* Does not apply if termination is within 90 Day New Employee Performance Appraisal Period.

This form should be completed on the employee's last day of work. After signing, copies should be made for the employee and supervisor. The original is sent to the Human Resources Director.