

EMPLOYEE EXIT CERTIFICATE

**CITY OF WAUPACA**

(Please Type or Print)

Date \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

TYPE OF TERMINATION: ( ) Retirement ( ) Resignation

( ) Layoff ( ) Discharge

( ) Other (Specify)

STATE REASON FOR SEPARATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

Last Day Worked \_\_\_\_\_

Final Termination Date \_\_\_\_\_

Add - Vacation \_\_\_\_\_

Date of Final Check \_\_\_\_\_

Sick Leave \_\_\_\_\_

Amount Final Check \_\_\_\_\_

Compensatory Time \_\_\_\_\_

Equipment Returned \_\_\_\_\_

Other \_\_\_\_\_

Uniforms Returned \_\_\_\_\_