

GREEN COUNTY
INFORMATION FOR TERMINATING EMPLOYEES

Please complete this form with the employee and send a copy to the Accounting office.

Name: _____ Employee # _____

Last Day Worked: _____

Termination Date(if different): _____ (The date employer/employee relationship is served)

Last Day Regular Pay: _____ Check Date: _____

Leave Balances as of: _____

Vacation: _____

Personal: _____

Comp: _____

Sick: _____

Estimated Pay Out at Termination:

Paid Vacation: _____

Final pay out may vary from amounts shown

Accrued Vacation: _____

Comp Time: _____

Sick Leave Pay Out: _____

Final Check Date: _____

I certify that I have been provided this information and I am in agreement

Employee Signature

Date Signed

This form is not a substitute for the Termination Form – which is to be completed and sent to accounting office as soon as employer is advised of termination.