



ELKO COUNTY HUMAN RESOURCES

571 Idaho Street
Elko, NV 89801
775.738.4375
775.738.5984 (FAX)

REMOVAL FROM PAYROLL FORM

EMPLOYEE NAME: _____ EE#: _____

DEPARTMENT: _____ POSITION: _____

SEPARATION DATE: _____

FORWARDING ADDRESS: _____

REASON (check applicable box):

- | | |
|--|---|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Offered Better Position |
| <input type="checkbox"/> Did Not Return From LOA | <input type="checkbox"/> Other Term of Part/Time |
| <input type="checkbox"/> Ill Health | <input type="checkbox"/> Personal Circumstances |
| <input type="checkbox"/> Quit - Voluntary | <input type="checkbox"/> Seasonal |
| <input type="checkbox"/> Released During Probation | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Transfer/Relocated With Spouse |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unprofessional Conduct |
| <input type="checkbox"/> Returned to School | <input type="checkbox"/> Other _____ |

Would we re-employ? Yes No

In the event you check "NO" give brief explanation below:

Signature of Department Head

Date

PLEASE RETURN TO HUMAN RESOURCES DEPARTMENT

HUMAN RESOURCES USE ONLY:

- Processed in AS400 Date: _____ Initials: _____
- Payroll Notified Date: _____ Initials: _____