

CITY OF CABOT

EXIT STATEMENT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE
HUMAN RESOURCES DEPARTMENT WITH THE EMPLOYEE'S LAST TIME CARD.

TO BE COMPLETED BY SUPERVISOR

Department: _____ Department Head: _____

Supervisor: _____

Employee: _____ Position Held: _____

Last Day Of Employment: _____ Reason For Separation: _____

Has employee turned in their final time card? Yes No

Has all City property been returned (uniforms, weapons, keys, credit cards, etc.)? Yes No

Does this person have any outstanding liabilities with regards to the City of Cabot?

Yes No If yes, explain: _____

Would you hire him/her back? Yes No

Supervisor Signature: _____ Date: _____

NOTE TO SUPERVISOR: Please send the employee to the Human Resources office as soon as you learn of their termination/resignation. If you are unable to reach the employee to complete the below section, please return the form to Human Resources with the Supervisor section completed.

TO BE COMPLETED BY EMPLOYEE

Current Address: (used when mailing your W-2)

STREET

CITY

STATE

ZIP CODE

How would you like your final paycheck delivered?

mailed picked up from payroll direct deposit (you must already be signed up)

Would you like to donate your remaining sick leave to the catastrophic leave pool? Yes No

Are you eligible for Medicare coverage? Yes No

Do you have other group insurance coverage? Yes No

**IF YOU ARE INTERESTED IN MAINTAINING YOUR HEALTH INSURANCE BENEFITS,
PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (501) 843-3566.**

Employee
Signature: _____ Date: _____

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TO BE COMPLETED BY HUMAN RESOURCES

Has all annual leave, sick leave, overtime, and comp time been turned into Payroll? YES NO

Final Paycheck: Amount: _____ Date: _____ Final Hourly Wage: _____

Date Terminated In Payroll System: _____ Health Insurance Terminated

Last Day of Insurance Coverage: _____ All other benefits terminated