



**DOUGLAS COUNTY**

Employee ID: \_\_\_\_\_

## EMPLOYEE TERMINATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Office/Department: \_\_\_\_\_ Effective: \_\_\_\_\_  
(15-FEB-2020)

<b>Termination Reason:</b>	<b>Rehire Eligibility/Duration:</b>
<input type="checkbox"/> Application Falsification	No/Not Eligible
<input type="checkbox"/> Assignment Complete	Yes/Immediate
<input type="checkbox"/> Attendance (include No Call/No Show)	No/Two Years
<input type="checkbox"/> Better Job/Career Change	Yes/Immediate
<input type="checkbox"/> Deceased	N/A
<input type="checkbox"/> Employee Receiving Long Term Disability	N/A
<input type="checkbox"/> Failed Employment Testing/Screening	Yes/Immediate
<input type="checkbox"/> Insubordination	No/Two Years
<input type="checkbox"/> Job Dissatisfaction	Yes/Immediate
<input type="checkbox"/> Layoff	Yes/Immediate
<input type="checkbox"/> Voluntary Separation due to Military Service	Yes/Immediate
<input type="checkbox"/> Misconduct	No/Not Eligible
<input type="checkbox"/> Not Re-Elected	Yes/Immediate
<input type="checkbox"/> Quit (no notice)	No/Two Years
<input type="checkbox"/> Relocation	Yes/Immediate
<input type="checkbox"/> Resignation	Yes/Immediate
<input type="checkbox"/> Resignation/Retirement in Lieu of Pending Discipline	No/Two Years
<input type="checkbox"/> Resignation/Retirement in Lieu of Termination	No/Two Years
<input type="checkbox"/> Retirement	N/A
<input type="checkbox"/> Unsatisfactory Performance	No/Two Years (Dept.) – Yes/Immediate (County)
<input type="checkbox"/> Unsuccessful Completion of New Hire Probation	No/Two Years (Dept.) – Yes/Immediate (County)
<input type="checkbox"/> Work Authorization Expired	Yes/Immediate

Explain any variance from listed guideline (be specific): \_\_\_\_\_

\_\_\_\_\_  
**Elected/Department Approver**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources**

\_\_\_\_\_  
**Date**

Email to: [HRForms@douglascounty-ne.gov](mailto:HRForms@douglascounty-ne.gov)