

# Lac La Biche County Library Board

## TERMINATION FORM



Our libraries.....your place to be!

EMPLOYEE LAST NAME		EMPLOYEE FIRST NAME		EMPLOYEE #		
EMPLOYEE ADDRESS (if changed)	NUMBER & STREET					
	CITY		PROVINCE	COUNTRY	POSTAL CODE	
REASON	REASON	EI CODE	REASON	EI CODE	REASON	EI CODE
	SHORTAGE OF WORK	<input type="checkbox"/> A	QUIT	<input type="checkbox"/> E	OTHER - EXPLAIN IN COMMENTS	<input type="checkbox"/> K
	STRIKE OR LOCKOUT	<input type="checkbox"/> B	RETIREMENT	<input type="checkbox"/> G	DISMISSAL	<input type="checkbox"/> M
	RETURN TO SCHOOL	<input type="checkbox"/> C	WORK SHARING	<input type="checkbox"/> H		
	ILLNESS OR INJURY	<input type="checkbox"/> D	APPRENTICE TRAINING	<input type="checkbox"/> J		
	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>					
	COMMENTS					
TERMINATION DETAILS	TERMINATION DATE (YYYY-MM-DD)		LAST DAY WORKED (YYYY-MM-DD)			
SUMMARY OF PAYMENTS AND RECOVERIES	NOTICE PROVIDED BY EMPLOYEE					
	DATE FROM [ ] TO [ ] (YYYY-MM-DD)		# OF WEEKS N/A			
	SEVERANCE PAY WEEKS					
	DATE FROM [ ] TO [ ] (YYYY-MM-DD)		# OF WEEKS N/A	LUMP SUM <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	
	# VACATION DAYS TO BE PAID		N/A	DIRECT DEPOSIT		
	# VACATION DAYS TO BE DEDUCTED		N/A	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
HEALTH & DENTAL	# BANKED TIME HOURS TO BE PAID N/A					
	BENEFITS CEASE DATE (YYYY-MM-DD) N/A					
ADDITIONAL COMMENTS	COMMENTS [ ]					
DIRECTOR AUTHORIZATION (Print) Maureen Penn						
DIRECTOR SIGNATURE <i>Maureen Penn</i>						
DATE (YYYY-MM-DD) September 2/17						
FOR OFFICE USE ONLY						
PAY PERIOD # [ ]		CHEQUE DATE (YYYY-MM-DD) [ ]		INITIAL [ ]		

## TERMINATION CHECKLIST

