

DHMH SPECIAL PAYMENTS PAYROLL
SEPARATION REPORT

Employee Name: _____ S.S. No. #: _____

DHMH Log #: _____

Agency Name: _____

Appropriation Code: _____

First Day Worked: _____

Last Day Worked: _____

Employee's Hourly Rate: _____

Reason for Termination:

Voluntary Quit (VQ) _____

Contract Cancelled/Terminated (CT) _____

Contract Ended (CE) _____

Gross Misconduct (GM) _____

Merit Appointment (ME) _____

No Show (NS) _____

New Contract (NC) _____

Other (OT) _____

Briefly describe circumstances checked above:

Preparer's Name (Please Print) Date

Telephone Number