

# SAN MIGUEL COUNTY

## County Equipment Employee Separation Form

Employees leaving San Miguel County employment must complete this clearance form before or on the last day of employment. Employee is responsible for obtaining clearance form and necessary signatures. Employee shall be allowed up to two (2) hours of administrative leave to obtain all necessary signatures before returning completed form to the Human Resource Department.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Department: \_\_\_\_\_  
Last Day of Employment: \_\_\_\_\_ Insurance Coverage Ends: \_\_\_\_\_

**The following clearance and approvals must be obtained before final check will be released.**

Supervisor  
Clearance: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Equipment/Keys)

IT:  
Clearance: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Computer/Phone)

Finance:  
Clearance: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cell Phone, Etc.)

I, the undersigned employee, authorize the County to deduct the full unpaid balance of all debts owed to the County from any wages or other monies owed to me by the County at the time of my separation. If the foregoing deductions are not made for whatever reason, I promise to repay the remaining balance in cash, money order or cashier's check no later than the final day of my active employment. If I fail for any reason to make timely repayment of my debt, I further agree and promise to pay the County the reasonable costs and fees, if any, incurred by the County in collecting the unpaid balance, including collection agency and or attorney's fees.

If this form is not returned to Human Resources by the last day of employment, your final paycheck will not be released until such time the form is completed.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_