

# Termination Notice



If your human resources unit does not have its own form for providing written notice, use this notice when you leave employment. Update your mailing address in the space provided if you're moving! Make three copies and:

- Give one to your supervisor
- Give one to your payroll/human resources representative for payroll system data entry and delivery of your final paycheck and W-2 form.
- Mail or fax one to Benefits and Retirement Operations to ensure COBRA/retiree benefits notification. The address is The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333. The fax number is 206-296-7700.

If you are eligible for enrollment in the county's HRA VEBA, you must send a completed HRA VEBA Enrollment Form, a copy of your letter from the Department of Retirement Systems and a copy of this notice to Benefits and Retirement Operations to transfer your sick leave cash-out to the HRA VEBA Trust.

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

PeopleSoft Employee ID \_\_\_\_\_

Paid  5th and 20th each month  Every other Thursday

Mailing address for final paycheck (unless other handling specified below), W-2 and COBRA/retiree benefits information

Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Don't mail final paycheck; instead (specify) \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_\_) \_\_\_\_\_

Home e-mail address \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Mail stop \_\_\_\_\_

Last day worked (physically on job) \_\_\_\_\_

Last day on paid status (confirm with your payroll/human resources representative) \_\_\_\_\_

If on leave of absence after last day worked, check all that apply  Paid leave  Unpaid leave  FMLA/KCFML  
Other \_\_\_\_\_

I have formally applied for retirement  No  Yes (if yes, indicate effective date) \_\_\_\_\_

If your spouse/domestic partner works for King County, provide his/her name (it can affect your post-employment benefit options) \_\_\_\_\_

*The information I've provided is correct and complete. I understand I must return all county-owned property (bus pass/photo ID/keycard, keys, cell phones, special equipment, etc.) in my possession by my last day at work. I further understand that if I am retiring, failure to provide Benefits and Retirement Operations a completed HRA VEBA enrollment form will result in forfeiture of my sick leave cash-out.*

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor copy  Payroll clerk/personnel representative copy  Benefits and Retirement Operations copy