



EMPLOYEE SEPARATION FORM



403-250-6790

403-250-3476

payroll@cocobrooks.com

EMPLOYEE

COMPANY: ☐ HSDC ☐ CCBDATE: _____
MM/DD/YYYY

EMPLOYEE NAME: _____ POSITION: _____

DEPT.: ☐ Restaurant CCB# _____ ☐ School CCB# _____ ☐ Commissary ☐ Warehouse ☐ Head OfficeLAST WORKING DAY: _____
MM/DD/YYYY

CHECKLIST

KEYS RETURNED:

Store/Kiosk Keys ☐ N/A ☐ No ☐ YesOffice Keys ☐ N/A ☐ No ☐ YesVehicle Keys ☐ N/A ☐ No ☐ Yes

COMPANY PROPERTY RETURNED:

(ITEMS TO BE RETURNED) ☐ N/A ☐ No ☐ Yes_____
(ITEMS TO BE RETURNED) ☐ N/A ☐ No ☐ YesALARM CODE
DISABLED: ☐ N/A ☐ No ☐ YesLAST PAYCHECK ☐ Pick-up ☐ Mail to Employee's
Home Address on FileEXPECTED DATE OF RE-CALL: ☐ Unknown ☐ Not Returning ☐ Yes _____
MM/DD/YYYY

REASON

☐ Code A -
Shortage of Work☐ Code E -
Quit☐ Code J -
Apprentice Training☐ Code Z -
Compassionate
Care☐ Code B -
Strike or Lockout☐ Code F -
Maternity☐ Code M -
Dismissal /
Terminated within
Probationary Period☐ Code K -
Other:☐ Code C -
Return to School☐ Code G -
Retirement☐ Code N -
Leave of Absence

- change in payroll / ownership / company name
- change in payperiod type
- death of employee
- Service Canada requested the ROE

☐ Code D -
Illness or Injury☐ Code H -
Work Sharing☐ Code P -
Parental

NOTES

PREPARED BY

NAME SIGNATURE MM/DD/YYYY☐ DEPARTMENT MANAGER ☐ AREA SUPERVISOR☐ LOCATION MANAGER ☐ VP - HUMAN RESOURCES

PAYROLL

RECEIVED BY:

(INITIAL HERE)

DATE:

(MM/DD/YYYY)

☐ Required information are
complete.☐ Terminate Group Health Bene-
fits Account, if any.☐ Disable Company Email
Address and Cancel Company
Driver's Insurance, if any.☐ Process last paycheque by
issuing a cheque.☐ Delete accounts in When I
Work and Auphan.☐ Issue ROE. Date Submitted /
Mailed _____