

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, and
- Mail or fax one to Benefits, Payroll and Retirement Operations to ensure you receive notification of COBRA/retiree benefits. 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. The HRA VEBA Enrollment Form is available at www.hraveba.org/forms.asp.

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