

## wvOASIS Separation Cover Sheet

ENTIRE OASIS DOC NUMBER:	
AGENCY CONTACT NAME:	
AGENCY CONTACT PHONE NUMBER:	
EMPLOYEE NAME:	

TRSN/ATE (at will of employee)		TRSN/ATW (at will of agency)	
<b>RESGN (RESIGNATION)</b>		<b>LAYOF (LAYOFF)</b>	
EMP	OTHER EMP	WRP	LACK OF WORK
LOA	LEAVE OF ABSENCE	FNP	LACK OF FUNDS
PSL	PERSONAL	<b>DISMS (DISMISSAL)</b>	
MOV	RELOCATION	DOR	OTHER
SCH	SCHOOL	MCN	MISCONDUCT
DBS	DISABILITY	GRO	GROSS MISCONDUCT
LHD	LOCAL HEALTH DEPT.	DPP	PERFORMANCE
ROR	OTHER	DAB	ABSENTEEISM
<b>RETRE (RETIREMENT)</b>		DLR	LICENSE REVOKED
LOA	LEAVE OF ABSENCE	ABD	JOB ABANDONMENT
REG	REGULAR	TAW	TERMINATE AT WILL EMPLOYEE
DIS	DISABILITY		
<b>DEATH</b>			
No PART Code			

Last Day of Work		Hours		Minutes	
Last Day of Pay		Hours		Minutes	

	Hours		Minutes	
Sick Leave Paid				
Sick Leave Balance				
Annual Leave Paid				
Annual Leave Balance				
Holiday and/or Comp time				

IS EMPLOYEE ACTIVELY ON LEAVE OF ABSENCE?	No	Yes
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If YES – Type of Leave -

Are there leaves of absence that have not been processed?	No	Yes
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WORK SCHEDULE INCLUDING DAYS OFF (ATTACH TIMESHEET IF NECESSARY)

I VERIFY THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature	Date
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