



Vermilion County, Illinois Dissolution of Employment

Department:
Employee:
Job Title:
<p>The employment of the above-named employee shall be dissolved, effective at the close of business on _____.</p> <p style="text-align: center;">(Date)</p> <p>Separation from County employment is due to:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Voluntary Leaving (Quit) </div> <div style="text-align: center;"> <input type="checkbox"/> Layoff (Lack of Work) </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Discharge </div> <div style="text-align: center;"> <input type="checkbox"/> Other (Please Explain) </div> </div> <hr/> <hr/>

The following benefit payments become due to this employee as a result of this separation from employment:

<u>Type of Payment</u>	<u>Balance of Days/Hours Due</u>	<u>Amount to Pay</u>	<u>Line Item #</u>
Regular Payroll	_____ days _____ hours	\$ _____	_____
Vacation Pay	_____ days _____ hours	\$ _____	_____
Option II Days	_____ days _____ hours	\$ _____	_____
Banked Personal Days	_____ days _____ hours	\$ _____	_____
Compensatory Time	_____ days _____ hours	\$ _____	_____
Other _____ (Please Explain)	_____ days _____ hours	\$ _____	_____
		Total: \$	_____

Acknowledgement of benefits due is effected by the following signatures:

Employee **Date**

Officeholder / Department Head **Date**