



## ADJUNCT SEPARATION FORM

Please complete this form for adjunct instructors who will not be teaching for ECC in the semester following their current employment. This form should be completed on the last day of employment.

Employee's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Department \_\_\_\_\_

Last Day of Employment \_\_\_\_\_

### Reason from Separation:

- ☐ Resignation, not available to teach
- ☐ Resignation, moving out of area
- ☐ Termination, unsatisfactory performance \_\_\_\_\_
- ☐ Termination, no courses available \_\_\_\_\_
- ☐ Other, please explain \_\_\_\_\_

### Rehire Status:

- ☐ Yes
- ☐ Conditional, list reason \_\_\_\_\_
- ☐ No, list reason \_\_\_\_\_

### College property returned:

- ☐ Yes
- ☐ No, list items outstanding \_\_\_\_\_

### Signatures:

\_\_\_\_\_  
Division Chair / Date

\_\_\_\_\_  
Vice President of Instruction / Date

Return completed form to Human Resources