**MDH SPECIAL PYAMENTS PAYROLL**

**SEPARATION REPORT**

Employee Name: W#:

Agency Name:

Cost Center and PIN#: /

First Day Worked:

Last Day Worked:

Employee’s Hourly Rate:

**REASON FOR TERMINATION**

Voluntary Quit: Contract Cancelled/Terminated:

Contract Ended: Gross Misconduct:

Merit Appointment: No Show:

New Contract: Other:

**Briefly describe circumstances checked above:**

**Preparer’s Name (Please Print) Date Telephone Number**

**3/18 Revised**

**MS-94OA**