

_____ Employee's Full Name	_____ Employee Number	_____ Employee's Title	_____ Hire Date
_____ Termination Reason	_____ Rehire Eligibility <sup>1</sup>	_____ Last Day Worked	_____ Termination Date

**Final Pay Information**

**Regular Hours:** From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

**Annual Leave:**

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

**Sick Leave<sup>2</sup>:**

Calculation: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Hourly Pay Rate: \_\_\_\_\_ Total: \_\_\_\_\_

**Deduction(s)<sup>4</sup>** (Enter amount as negative number): \_\_\_\_\_ Total: \_\_\_\_\_

Reason for deductions:

**Comments:** \_\_\_\_\_ **Grand Total of Final Payment:** \_\_\_\_\_

**Acknowledgements:** I certify under penalty of perjury that the above is correct:

_____ Employee's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
-------------------------------	---------------	---------------------------------	---------------

_____ <b>County Manager's Acknowledgement of Receipt:</b>	_____ County Managers Signature	_____ Date
--	------------------------------------	---------------

<sup>1</sup> Refer to Personnel Policy Manual or contact Human Resources to confirm rehire eligibility  
<sup>2</sup> Refer to Section 10.5 of the General Unit Collective Bargaining Agreement or Section 11.6 of the Law Enforcement Collective Bargaining Agreement  
<sup>3</sup> Contact Humboldt County Wellness Committee member for applicable points  
<sup>4</sup> Deductions may include items such as travel advances, computer purchase program balances, etcetera.