

CALFIRE – San Mateo-Santa Cruz
Personnel Quick List Separation Form

For Personnel Use Only

Date Received: _____

FAX THIS FORM TO PERSONNEL ALONG WITH COMPLETED FINAL TIMESHEET
Fax (831) 335-6714

Employee Name: _____ Social Security Number: _____

Separation Date: _____ Station: _____

Meal Count *(To be filled out by Station Captain)*

Please charge employee for # _____ meals for month/year of _____.

Station Captain Signature

Date

_____ **VOLUNTARY SEPARATIONS ONLY** - I elect to retain my CALPERS membership.

_____ **VOLUNTARY SEPARATIONS ONLY** - I elect to terminate my CALPERS membership and request a refund or rollover of contributions.

Final Pay Warrant

_____ Please mail my final warrant to my current address on file:

ADDRESS: _____

I understand it is my responsibility to ensure my address on file is correct.

_____ I will pick up or designate the following person: _____ to pick up my final pay warrant at the CAL FIRE CZU Headquarters located at 6059 Highway 9, Felton, CA.

I understand that all outstanding funds due the State will be deducted from my separation pay and that amounts due but not deducted will continue to be my personal obligation and may be recovered thru legal action by the state.

Final Disposition of Voluntary Personal Leave Program credits

_____ I **do not elect** to cash out my VPLP leave credits. (**Do not** fax VPLP Election Form to Personnel)

_____ I **elect** to cash out my VPLP leave credits. (Fax VPLP Election Form to Personnel with this form)

COBRA ELECTION

_____ I **do not elect** COBRA enrollment.

_____ I **elect** COBRA enrollment

SEPARATION REQUIREMENT

_____ The official Separation Packet has been completed by separating employee.

Employee Signature: _____ Date: _____

This form does NOT replace all required documents in the official unit separation packet. The information contained on this form is intended to assist in providing timely payment of wages. Please ensure all sections are COMPLETE.