

CITY OF LIVONIA - CIVIL SERVICE COMMISSION

TERMINATION CERTIFICATE

Name: _____ Employee Number: _____

Continuous Service Date: _____ Regular Temporary

Classification: _____ Department: _____

Last Day Worked: _____ Pay Through: _____

Number of Days Notice Given: _____

IF RETIRED OR RESIGNED, PLEASE ATTACH EMPLOYEE'S WRITTEN NOTICE.

CHECK ONE OF THE FOLLOWING REASONS FOR EMPLOYEE'S TERMINATION:

RETIRED: RESIGNED: DISCHARGED: LAID OFF: OTHER:

REMARKS: _____

The above statements are correct.

Date: _____ Employee's Signature: _____

Date: _____ Department Head: _____

Date: _____ Civil Service Commission: _____

Date: _____ Director of Finance: _____

Name: _____ Employee Number: _____

CHECK OFF CHARACTERISTICS YOU MAY HAVE NOTICED

(Do not complete in presence of employee.)

	Exceptional	Above Average	Average	Below Average	Poor
Quality of Work	_____	_____	_____	_____	_____
Quantity of Work	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Judgment	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Willing Worker	_____	_____	_____	_____	_____
Promptness	_____	_____	_____	_____	_____
Attendance Record	_____	_____	_____	_____	_____

Would you re-employ in your Department? _____

Date: _____ Department Head: _____