

County of Galveston
Notice of Termination / Status Change Form

Name:		Employee ID Number:	
Employment Date:	Last Day Worked:	Last Day Paid Thru:	Term/Payroll Date:
Department Name:	Employee Type:	Position #:	

REASON

Please check appropriate action and list reason. Attach resignation or any documented support.

_____ **7600 Lack of Work**

_____ **0400 Voluntary Separation of Employment**

_____ **4800 Involuntary Separation of Employment**

_____ **7200 Leave of Absence**

_____ **1000 Retirement**

_____ **5200 Miscellaneous** (*Death, Transfer, Change of Employee Type*)

Please Check Employee Type _____ Full-Time _____ Half-Time _____ Part-Time

If *transferring*, please complete the following:

New Dept Name: _____ New Job Title: _____

New Position #: _____

Date Notice Given By/To Employee:

Supervisor Signature:

Has employee returned all county property and cleared to receive final paycheck? **Yes** **No**

List outstanding property, if any: _____

ORIGINAL – Forward to Christie Motogbe in Human Resources
Department – KEEP COPY FOR YOUR FILES



Galveston County

Information Technology User Termination Request Form

Employee Information

First name:

Last name:

User name:

Department:

Phone number:

Effective date:

Location:

Access to Employee's Data

Does someone need access to the employee's email account or "H" drive before the accounts are terminated? Yes No

If yes, who needs access?

Note: This requested access will be available for 30 days only. Once IT has terminated the user's account, personal folders and "H" drive contents will no longer be accessible.

Additional Instructions

(i.e., phone forwarding, voice mail instructions, return/out of office email messages, etc.)

Supervisor/Dept. Head Printed Name:

Signature:

Date signed:

Please return completed form to HR.

Note: This form is to be used for county employee terminations, only. Use the Vendor/Contractor Termination Form to terminate access of outside service providers. Also see Service Request Form for service disconnection requests for terminating employee.

Galveston County Official Discipline Notice

Name of Employee		Date of Notice	
Name of Supervisor		Department	
Name of Dept. Head		Employee Title	

Check one	<input type="checkbox"/>	Verbal Clarification	<input type="checkbox"/>	Warning	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Dismissal	<input type="checkbox"/>
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Specific Issues, Dates and Detailed Actions: (Separate documents may be attached)

Which competencies are impacted? (Check all that apply)

	Judgment /Decision Making	Demonstrates consistent logic, rationality, and objectivity in decision making. Achieves balance between quick decisiveness and slower, more thorough approaches, i.e., is neither indecisive nor a hip-shooter. Shows common sense. Anticipates consequences of decisions.
	Communication – Oral	Communicates effectively one to one, in small groups and in public speaking contexts. Demonstrates fluency, “quickness on one’s feet,” clarify organization of thought processes, and command of the language. Easily articulates vision and standards. Keeps people informed.
	Organization/Planning	Plans, organizes, schedules, and budgets in an efficient, productive manner. Focuses on key priorities. Effectively juggles multiple projects. Anticipates reasonable contingencies. Pays appropriate attention to detail. Manages personal time well.
	Business Literacy	Understands and absorbs new information. Stays current with developments in our field. Expects others to stay current with developments in the field. Frequently shares new knowledge with others. Integrates new information to enhance existing models or create new ones. Helps others translate new information into practical application in our area.
	Customer Focus	Regularly monitors customer satisfaction. Meets internal and external customer needs in ways that provide satisfaction and excellent results for the customer. Establishes “partner” relationships with customers. Regarded as visible and accessible by customers.

	Work Ethics	"Ironclad." Does not cut corners, ethically. Remains consistent in terms of what one says and does and in terms of behavior toward others. Earns trust of coworkers. Maintains confidences. Puts organization's interests above self. Does what is right, not what is politically expedient. "Fights fair." Intellectually honest; does not "play games" with facts to win a point.
	Initiative	Seeks out and seizes opportunities, goes beyond the "call of duty," finds ways to surmount barriers. Resourceful Action-oriented "doer," achieving results despite lack of resources. Re-stimulates languishing projects. Shows bias for action ("do it now").
	Collaboration/Teamwork	Cooperates with staff at all levels of the organization. Willingly reaches out to staff and customers to proactively share information, knowledge, expertise, and time with others to achieve common goals. Works to overcome geographic, departmental, and/or Affiliate boundaries and establishes cohesive, effective relationships with peers. Enthusiastically supports the common goals and mission of the organization. Shares credit.

Specific tactics, behaviors and changes needed: (Separate documents may be attached)

Your performance will continue to be monitored throughout your time at the county. If your performance does not improve, if other infractions occur, or you are unable to perform satisfactorily, you will be subject to additional disciplinary action up to and including termination.

By signing this form, you confirm that you understand the information in this counseling/disciplinary notice. You also confirm that you and your manager have discussed the notice and a plan for improvement if applicable. Signing this form does not necessarily indicate that you agree with this notice. You may appeal this notice with the Human Resources Director or Elected Official or Department Head and/or add your comments to your personnel file.

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Signature

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Date

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Witness Print Name

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Witness Signature



Galveston County Employee Appeal of Discipline Notice

I, _____ wish to file an appeal with Human Resources to review the attached Discipline Notice.

(Print Name)

Comments:

(Separate documents may be attached)

By signing below I attest that all statements I have made are true and that I understand that this document will be filed in my personnel file. I also acknowledge that only my Department Head/Elected Official to whom I report or the County Judge have the right to reverse and/or revise my disciplinary notice.

Signature

Date

