

ATTACHMENT F

State Of Hawaii
Department of Human Resources Development
Return to Work Priority Program

Date: _____

TO: Department of Human Resources Development
Employee Claims Division
Employee Staffing Division

FROM: Personnel Officer
Department of _____

SUBJECT: Return to Work Priority Program
Notification of Employee Separation

This is to inform you that the following employee could not be placed through the Return to Work Priority Program and will be separated from employment with the State.

Employee: _____ Social Security # _____

Former Position: _____

Type of Separation: _____ Effective Date: _____

- Discharged
- Retirement
- Resignation

Reason:	<u>Dept'l Level</u>	<u>State Level</u>
No Suitable Placement Available	_____	_____
Employee Refused Suitable Placement	_____	_____
Other Reasons/Comments:		

Departmental Personnel Officer