

Job Abandonment – Separation Letter
Covered or Uncovered Employee

(COPY TO AGENCY LETTERHEAD)

Date

Name

Address

City, State, Zip Code

Dear Mr./Ms. (Last Name):

This letter is to inform you that you are being separated from State employment effective (date).

Our records indicate that you have been absent from duty for more than three (3) consecutive work days without proper authorization. Since (date), you have been in a no call/no show status. The agency made several attempts to contact you via (*Summarize the attempts made to contact the employee, such as: the employee's cell phone and messages left for the employee, the employee's emergency contact(s), if the agency requested a welfare check, etc. and the results of the agency's attempts*). Therefore, pursuant to Arizona Administrative Code (A.A.C.) R2-5A-1001(B), you are considered to have abandoned your job.

Please return all state property immediately.

Sincerely,

(Name of Approving Authority)

(Title of Approving Authority)

c: Employee Personnel File
Agency Chief Human Resources Officer

(NOTE: Before issuing this letter, ensure that any obligations under the SPS Rules, the Family and Medical Leave Act, and the Americans with Disabilities Act have been met.)