Human Resources Division
Civil Service Unit
100 Cambridge St. Suite 600
Boston, MA 02114

Telephone: (617) 878-9700
Toll Free within MA: 1-800-392-6178
TDD: (617) 727-7583
Email: civilservice@mass.gov

Absence and Termination Notice/Form 56

City (Town): _____ Date: _____

Name: _____ Social Security Number: _____

Department: _____ Last Date of Paid Employment: _____

Civil Service Title: _____

Be sure complete information is given and instructions followed. Otherwise, the form will be returned. Indicate absence or termination of employment by checking one of the following terms:

_____ Leave of Absence (Indicate duration and reason)
_____ Entered Military Service
_____ Illness (Personal)
_____ Illness (Family)
_____ Injury
_____ Explanation of Temporary transfer
_____# Expiration of Temporary Employment #Corres/Req. Number_____
_____# Expiration of Provisional Employment #Corres/Req. Number_____
_____ *Discharged (Indicate reason, Section 41)
_____ *Suspended for Cause (Indicate duration and facts in detail, Section 41)
_____ *f*Position Abolished, Section 41, Section 39
_____ *f*Layoff-Lack of work or money, Section 41, Section 39
_____ Terminated during probationary period, Section 34 or Section 61
_____ Terminated-Did not return to work following approved leave of absence, Section37
_____ Permanent Separation-Unauthorized Absence, Section38
_____ Resigned-List effective date, if other than last date of PAID employment (If member of fire or police department, state whether or not charges were pending)
_____ Resigned-Illness
_____ Retired
_____ Pensioned
_____ Deceased

Name and Title of Appointing Authority: _____
(Please print)

Signature of Appointing Authority: _____

The Auditor (Accountant) and Treasurer have been notified of the above absence or termination.
*I hereby certify that the provisions of *Massachusetts General Law, Chapter 31, Section 41* have been complied with in the case of this employee.
f This action is in accordance with seniority in service.
#Over

Employee's address should be noted under REMARKS.
Any necessary REMARKS may be made on the reverse side.

INSTRUCTIONS

It is not necessary to notify this office or to file one of these forms in the case of illness, injury or leave of absence unless the employee has been absent without pay for over one month. (Leave of absence can be granted only to a permanent employee who has served a probationary period except in certain cases, that is, for personal illness, military leave, educational leave or to a person holding elective State Office or elected by the people to the office of Mayor.) All other absences and terminations must be reported immediately on this form.

Absence and Termination Notices are not necessary for emergency employees. If an emergency appointee works less than the period originally approved, a letter stating the number of days employed under this appointment will be sufficient.

#When reporting termination under this term, note beside Corres. Number the correspondence reference number on which the employee was appointed. DO NOT USE THIS FORM in the case of a permanent employee who is terminating temporary or provisional appointment or promotion in the same unit in which employed on a permanent basis and who is resuming permanent status. Municipalities should report this action by letter (in quadruplicate-quintuplicate if local official requires a copy) listing the permanent Civil Service title, salary and date permanent status was resumed.

DATE RECEIVED BY THE HUMAN RESOURCES DIVISION	REMARKS (Continued from other side, if necessary)