

Termination Form

Employer to complete

Client Name: _____

Employee Name: _____

Term Date: _____

Employee's SSAN#: _____

Last day of work: _____

<p>Reason for Separation</p> <p><input type="checkbox"/> Quit <input type="checkbox"/> Terminated <input type="checkbox"/> Retired</p> <p>Voluntary:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To look for other work <input type="checkbox"/> Moved <input type="checkbox"/> Abandoned job <input type="checkbox"/> Personal reasons <p>Discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Absenteeism(list the number and dates employee was absent) <input type="checkbox"/> Tardiness <input type="checkbox"/> Poor job performance <input type="checkbox"/> Insubordination <input type="checkbox"/> Violation of rules/policies(list warnings, dates and policy that was violated) <input type="checkbox"/> Falsified application <input type="checkbox"/> SSAN Mismatch <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of work/Layoff <input type="checkbox"/> Vacation shutdown <input type="checkbox"/> Other: _____ 	<p>What will be paid on employees last check:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PTO/Vacation _____ <input type="checkbox"/> Severance _____ <input type="checkbox"/> Holiday _____ <input type="checkbox"/> Wages Due _____ <p>Salaried Employees:</p> <p>Did they work a full Pay Period: Y___ N___</p> <p>IF NO, specify the number of hours to be paid: _____</p> <p>Rehire Status:</p> <p>Would you rehire this employee: Y___ N___</p> <p>Complete Details:</p> <p>(List or attach warnings or Documented violations of policies)</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Terminated Employee's Current/New address:

Completed by Signature _____ Date _____