



Employee Termination Form

Please fill out and return to your Payroll Specialist

Company Name: _____ Date: _____

Employee Name: _____ Social Security #: _____

Termination Date: _____ Last Date Worked: _____

Reason for Termination:

Voluntary

Resigned with Notice

Moved

Retired

Resigned without Notice

Personal

No Call, No Show

Labor Dispute

Job Abandonment

Relocated

E-Verify Voluntary

Involuntary

Poor Performance

Laid Off

Violation of Policy

E-Verify Involuntary

Transfer Company

Documented Disciplinary Action Prior to Termination (please provide copies):

Verbal Warning(s)

Written Warnings

None

Explanation (required):

Copy to: Employee Employee File National PEO Other: _____

Employee Benefits Health Dental Vision 401(k) Other: _____

Employee Acknowledgement:

My signature indicated that this notice has been discussed with me and that I understand its contents.

Employee Signature: _____ Date: _____

Supervisor Name: _____ Title: _____

Phone: 480.429.8098

Fax: 480.945.1525

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