



Notice of Employee Separation/Termination

Client Name:	Date:
---------------------	--------------

Employee Information (Required)

Last Name:		First Name:	
Title/Position:		Supervisor's Name:	
Last Day Worked:	Termination Date:	Is the employee eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VOLUNTARY TERMINATION (resignation, quit, retirement)

Leaving for another job *(please attach any resignation letters, e-mails or texts sent by the employee)*
 Did the employee provide a two-week notice? No Yes

Moving Returning to School
 Retirement Other: _____

INVOLUNTARY TERMINATION (discharge, fired)

Misconduct/Violation of Company Policy Insubordination
 Absenteeism/Tardiness Job Abandonment
 Poor Performance/Failure to Perform Duties Other: _____

Did the employee previously receive warnings or disciplinary action? No Yes *(please attach any written or verbal warning documents)*

Please detail the events surrounding the employees discharge, including the "final" event leading to the termination:

Please attach additional forms, documents or sheets, if necessary

LAY-OFF/LACK OF WORK/REDUCTION IN FORCE/REDUCTION IN HOURS

Lay-Off Anticipate Call Back In _____ Days Weeks Months Unknown
 Hours reduced from _____ a week to _____ a week Will hours be restored in the future? No Yes, on _____ (date)
 Position Eliminated/Do Not Anticipate Call Back

LEAVE OF ABSENCE

Medical Leave (requires proper completion of FMLA forms if qualified)
 Last Day Worked: _____ Anticipated Return Date: _____
 For own illness/injury For family member illness/injury For birth/adoption of a child Family military leave

Deceased on _____ (date)

Acknowledgements and Signatures

I understand that I am responsible for returning all company property, including employee handbook, keys, credit cards, equipment, etc.

Employee Signature:*	Date:
Witness Signature:*	Date:
Supervisor Signature:	Date:

* If available