



Employee Termination Form

Instructions: Supervisors, please complete the Employee Termination Form and email to qtihr@qtigroup.com or fax 608-259-6304 prior to the employee's last day.

Employee Name:	Termination Date:	Last Day of Employment:
Company Name:	Termination Form Completed By:	

Termination Information:

<input type="checkbox"/> Voluntary Resignation:	Reason: <input type="text"/>	Resignation Letter Received/Dated: <input type="text"/>
<input type="checkbox"/> Involuntary Termination:	Reason: <input type="text"/>	
<input type="checkbox"/> Other:	<input type="text"/>	

Comments:

Separation Payout Information:

If known, indicate whether or not the following should be paid out for this employee...			Verified by QTI HR
Paid Time / Earned Time Off	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> hours	<input type="checkbox"/> Yes Initials: <input type="text"/>
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> hours	<input type="checkbox"/> Yes Initials: <input type="text"/>
Sick Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> hours	<input type="checkbox"/> Yes Initials: <input type="text"/>
Other Time Off:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> hours	<input type="checkbox"/> Yes Initials: <input type="text"/>
Severance	<input type="checkbox"/> Yes <input type="checkbox"/> No	See agreement for details	<input type="checkbox"/> Yes Initials: <input type="text"/>
Wages in Lieu of Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> hours or \$ <input type="text"/>	<input type="checkbox"/> Yes Initials: <input type="text"/>

List any special instructions below. Note: QTI HR will pay the employee's wages until their last day of employment unless otherwise noted.

Special Instructions for QTI HR:

Documentation Attached:

- ☐ Resignation letter (if applicable)
- ☐ Documentation that clarifies and supports the termination decision (i.e. written warnings, PIP, incident notes, dates, etc.)
- ☐ Severance and/or Separation Agreement
- ☐ No documentation attached

Supervisor Signature: _____ **Date:** _____

QTI HR INTERNAL USE ONLY:

Comments: (i.e. separation agreement, rehireability, unemployment insurance information, etc.)