

TERMINATION – SUPERVISOR DOCUMENTATION FORM

NAME	POSITION	
DEPARTMENT	DATE OF HIRE	TERMINATION DATE

REASON FOR TERMINATION		
<p>In addition to checking reason for termination, give full explanation in space below. For example, if termination is for "another job", indicate company name, starting date, and if they are leaving the area. If employee does not give notice of voluntary termination, note when and how it was determined he/she was terminated and give any other relevant information.</p>		
<i>VOLUNTARY</i>	<input type="checkbox"/> Without notice or reason <input type="checkbox"/> Another Job <input type="checkbox"/> Relocation <input type="checkbox"/> Illness <input type="checkbox"/> Marriage <input type="checkbox"/> Working Conditions <input type="checkbox"/> Work Schedule <input type="checkbox"/> Other	<input type="checkbox"/> Problem with Supervisor <input type="checkbox"/> Problem with Co-worker <input type="checkbox"/> Personal Problem <input type="checkbox"/> Return to School <input type="checkbox"/> Retirement <input type="checkbox"/> Refused Suitable Work <input type="checkbox"/> LOA - Did not Return <input type="checkbox"/> Pay <input type="checkbox"/> Enlisted in Armed Forces
<i>INVOLUNTARY</i>	<input type="checkbox"/> Absenteeism <input type="checkbox"/> Insubordination <input type="checkbox"/> Violation of Rules <input type="checkbox"/> Lack of Work <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Tardiness <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Refusal to Follow Instruction <input type="checkbox"/> Job Eliminated or Changed <input type="checkbox"/> Involuntary Retirement
<p>Explain reason given above in detail. _____ _____ _____</p> <p>What drive final decision to discharge (if applicable). _____ _____ _____</p> <p>Describe prior warnings given: _____ _____ _____</p> <p>Is employee eligible for rehire? <input type="checkbox"/> YES <input type="checkbox"/> If not eligible or only under certain conditions, explain: _____ _____</p>		

_____ DEPARTMENT HEAD SIGNATURE	_____ DATE
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