

TERMINATION OF EMPLOYMENT

TO: Human Resources Department

FROM: _____

DATE: _____

RE: Termination of Employment

I hereby notify The Company that I _____, will no longer be employed by The Company effective end of business, _____, 20__ for the following reason:

- | | |
|-------------------------|----------------------------|
| Abandoned Job | Lack of Personal |
| Absenteeism or Lateness | Advancement |
| Breach of Company | Laid Off / Job Reduction |
| Regulation | Maternity |
| Breach of Trust | Moving |
| Contract Expired | Probationary Unsuitability |
| Health – Own Accord | Remain at Home |
| Hours or Days of Work | Return to School |
| Unsuitable | Unsatisfactory Conduct |
| Incompatibility | Unsatisfactory Performance |
| Insubordination | Wages |
| Job Opportunity | Other |
| Job Unsuitable | _____ |

I understand that The Company will forward the W2 and wages due to the following address:

Employee

Print Name

Supervisor

Continued – Termination of Employment

Supervisors, please fax this form to HR Department as soon as the information above the signatures is known.

On the employee's last day, kindly check off the items in the box below and re-fax this page to HR.

<p>For HR use only:</p> <ul style="list-style-type: none">Notify ITNotify Legal Department – SO'sOrganizational ChartsStaff DirectoryPayrollGroup Benefits	<p>For Supervisor's use only:</p> <ul style="list-style-type: none">Keys (building and/or office)Security passcardsParking PassPasswords and/or alarms codesProprietary property i.e. laptops, cell phonesReimburse training costsOther _____
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