



EMPLOYEE TERMINATION NOTICE

Please complete this form upon termination of any employee. This information will help the TLC Companies in determining the status of an unemployment claim, should one be filed by the employee. Any written resignations, warnings or any other documentation related to the employee's termination should be submitted with this form. Due to newly enacted Unemployment Integrity laws, we often have very little time to respond to unemployment claims. Therefore, the more timely and thorough information we receive at the time of an employee's termination enables us to respond to unemployment claims in a timely manner.

Fax or email completed form to: 219.926.9627 or employee_terms@tlccompanies.com

TLC Client Name: _____

Employee Name: _____ Last 4 of SSN: _____ Position Held: _____

Dates of Employment: Hire Date _____ Termination Date _____

Would you (TLC Client) rehire this employee? ☐ YES ☐ NO

PLEASE CHECK ALL THAT APPLY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Quit – No Return/No Notice | <input type="checkbox"/> Discharge – Absences/Tardiness | <input type="checkbox"/> Lack of Work |
| <input type="checkbox"/> Quit – Refused Work Offer | <input type="checkbox"/> Discharge – Property Destruction | <input type="checkbox"/> Seasonal Layoff |
| <input type="checkbox"/> Quit – 3 Day Unreported Absence | <input type="checkbox"/> Discharge – Violated Company Policy | <input type="checkbox"/> Temp. Shutdown |
| <input type="checkbox"/> Quit – Accepted Another Job | <input type="checkbox"/> Discharge – Insubordination | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Quit – Personal Reasons | <input type="checkbox"/> Discharge – Safety Violation | <input type="checkbox"/> Other (explain below) |
| <input type="checkbox"/> Quit – Dissatisfied with Job | <input type="checkbox"/> Discharge – Falsification | |
| <input type="checkbox"/> Quit – Under Dispatch | <input type="checkbox"/> Discharge – Failed/Refused Drug Test | |
| <input type="checkbox"/> Quit – Other (explain below) | <input type="checkbox"/> Discharge – Other (explain below) | |

Separation/Termination Details: _____

Quit/Voluntary Resignations - How did the employee resign? ☐ In Person ☐ In Writing ☐ Over the Phone

Discharges – Name and Title of person who discharged employee: _____

For Driving Employees:

Any refused or positive drug/alcohol tests while working for you? ☐ NO ☐ YES – Details: _____

Type of Driving: ☐ Local Driver ☐ Over-the-Road Driver ☐ Regional

Type of Trailer (check all that apply): ☐ Van ☐ Reefer ☐ Flatbed ☐ Tanker ☐ Other: _____

Accidents:

Accident Date	Preventable or Non-Preventable	DOT Reportable	Accident Details

Name of person completing this form: _____

Title: _____

Signature: _____

Date: _____