



# Employee Termination Form

Please fill out and return to your Payroll Specialist

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last Date Worked: \_\_\_\_\_

**Reason for Termination:**

Voluntary

- Resigned with Notice
- Moved
- Retired
- Resigned without Notice
- Personal

- No Call, No Show
- Labor Dispute
- Job Abandonment
- Relocated
- E-Verify Voluntary

Involuntary

- Poor Performance
- Laid Off
- Violation of Policy
- E-Verify Involuntary
- Transfer Company

**Documented Disciplinary Action Prior to Termination (please provide copies):**

- Verbal Warning(s)       Written Warning(s)       None

**Explanation (required):**

Copy to:    Employee    Employee File    ProPay    Other: \_\_\_\_\_

Employee Benefits:    Health    Dental    Vision    401(k)    Other: \_\_\_\_\_

**Employee Acknowledgement:**

My signature indicates that this notice has been discussed with me and that I understand its contents.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_