



# 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: \_\_\_\_\_

Phone: 480.362.1456

Fax: 480.945.1510

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