



SEPARATION NOTICE

Company: _____

Employee: _____

Social Security #: _____ Job Title: _____

Dates of Employment: Start: _____ Last: _____

Working Hours: _____ to: _____ Days: _____

Rate of Pay: _____ per: _____ Paid overtime? Yes No

Amount of pay given in lieu of notice, if any: _____

Voluntary quit Discharged Lack of work Other _____

What circumstance led to separation?

What other circumstances, if any, were taken into consideration?

Employee's comments:

Employee Date

Supervisor/Title Date

Witness Date

Employee eligible for rehire? Yes No

Attach supporting documents as applicable (warning notices, application forms, doctor's statements). This form should be completed immediately at separation time.