

EMPLOYEE SEPARATION NOTICE

Work Site Employer Name:			<u>URGENT</u>	
Work Site Employer Name: Employee Name:			FAX-Immediately upon employee separation to: 727-572-6827	
Employee Address:			or MAIL to:	
r j i i i i i i i i i i i i i i i i i i			DecisionPEO	
SS#: Last Day Worked:			25 Second St. North, #200 St. Petersburg, FL 33701	
Date of Termination:			Attention: HR Dept.	
	REASON FOR S	EPARA	ATION:	
	under remarks section below)			
001-Quit (explain in			008-End of seasonal/temp employment	
002-Accepted other	r position		009-Military School	
003-Medical			010-Failure to return from leave of absence	
004-Relocating from			011-Job Transfer Refusal	
005-Personal/Famil			012-Job Dissatisfaction	
006-Left to attend s			013-Initial period of employment (not good match)	
007-No Call/No Sh	· 2 /		014-Other (explain in comments)	
015-FMLA (Family	Medical Leave)	, . ,		
	olain under remarks section below and	l give d	ates of warnings and prior violations)	
	n (explain in comments)		207-Destruction of company property	
201-Repeated tardi			208-Initial Period of employment (poor fit, poor	
202-Falsified applic			performance)	
	tion of company rules & policies		209-Violation of Drug Free Work Place Program	
	erformance (explain in comments)		210-Dishonesty/Theft	
205-Sleeping on the	job		211-Lack of work/laid off	
206-Use of foul or a	abusive language		014-Other (explain in comments section)	
Remarks:				
Remuneration Paid After Se	paration: (Must also be reported on Pa	yroll Wo	rksheet)	
Vacation Pay \$	Wages in lieu of Notice \$		Other \$	
Employee Signature:			Date:	
	Supervisor Signature:			