



TERMINATION NOTICE

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ LAST DAY WORKED: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PLEASE MARK THE BOX WHICH BEST DESCRIBES THE REASON FOR SEPARATION:

Table with 2 columns: VOLUNTARY and INVOLUNTARY. Lists various reasons for separation such as 'OTHER JOB', 'VIOLATION OF COMPANY POLICY', 'GROSS MISCONDUCT: THEFT/FELONY', etc.

VOLUNTARY: THE COMPANY WAS NOTIFIED ON \_\_\_\_/\_\_\_\_/\_\_\_\_. IF THE EMPLOYEE PROVIDED A LETTER OF RESIGNATION, PLEASE ATTACH.

INVOLUNTARY:

THE EMPLOYEE WAS NOTIFIED BY: \_\_\_\_\_ ON \_\_\_\_/\_\_\_\_/\_\_\_\_

PROVIDE A DETAILED EXPLANATION OF THE FINAL INCIDENT: \_\_\_\_\_

HOW DID THE VIOLATION AFFECT THE EMPLOYEE'S JOB PERFORMANCE? \_\_\_\_\_

WHAT ADVERSE EFFECTS TO THE COMPANY DID THE VIOLATION CAUSE? \_\_\_\_\_

LIST THE NAMES OF ANY WITNESSES AND ATTACH THEIR STATEMENTS: \_\_\_\_\_

WAS THE EMPLOYEE WARNED BEFORE DISCHARGE? [ ] YES [ ] NO (IF YES, ATTACH RELEVANT DOCUMENTATION)

DID THE EMPLOYEE RECEIVE PERFORMANCE EVALUATIONS THAT NOTIFIED THEM OF A PERFORMANCE/BEHAVIOR/ATTITUDE PROBLEM?

[ ] YES [ ] NO (IF YES, ATTACH RELEVANT DOCUMENTATION)

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE NUMBER OR E-MAIL ADDRESS OF INDIVIDUAL THAT RMI MAY CONTACT WITH ADDITIONAL QUESTIONS: \_\_\_\_\_

ITEMS TO BE RETURNED OR COLLECTED (SUCH AS KEYS, TOOLS, ETC.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE HAS RMI WEB SERVICE ACCESS THAT MUST BE DEACTIVATED.  YES  NO

I CERTIFY THAT I HAVE BEEN INFORMED OF THE REASON FOR MY TERMINATION AND THAT I HAVE HAD THE OPPORTUNITY TO RESPOND TO THOSE REASONS. I HAVE RETURNED ALL PROPERTY THAT BELONGS TO THE COMPANY, INCLUDING MANUALS, DOCUMENTS, TOOLS, KEYS, ETC., THAT HAVE BEEN IN MY POSSESSION DURING MY EMPLOYMENT.

I CERTIFY THAT I  HAVE RECEIVED A CHECK IN THE AMOUNT OF \$\_\_\_\_\_  WILL RECEIVE A CHECK BY DIRECT DEPOSIT  
 WILL RECEIVE A CHECK BY MAIL  WILL PICK UP A CHECK AT RMI

IN GOOD FAITH AND THAT I HAVE NO OTHER CLAIMS AGAINST THE COMPANY.

EMPLOYEE COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR RMI PAYROLL DEPARTMENT USE ONLY:**

EMPLOYEE NUMBER: \_\_\_\_\_

	COMPLETED BY	N/A		COMPLETED BY	N/A
<input type="checkbox"/> VERIFY TERM CHECK PROCEDURE	_____	SEE LEFT	<input type="checkbox"/> NOTIFY IT TO CANCEL WEB ACCESS	_____	_____
<input type="checkbox"/> VERIFY ADDRESS	_____	SEE LEFT	<input type="checkbox"/> CANCEL WEB ACCOUNT & PRINT CHECK	_____	_____
<input type="checkbox"/> TERMINATE IN FIRST SCREEN WITH WIZARD	_____	SEE LEFT	<input type="checkbox"/> UPDATE CLIENT SPREADSHEETS	_____	_____
<input type="checkbox"/> ENTER TERM REASON ON FIRST SCREEN	_____	SEE LEFT	<input type="checkbox"/> VERIFY ACCRUAL PAYOUT	_____	_____
<input type="checkbox"/> VIEW DEDUCTIONS	_____	SEE LEFT	<input type="checkbox"/> DELETE ACCRUALS	_____	_____
<input type="checkbox"/> DED #6 REC COMPLETED	_____	_____	<input type="checkbox"/> DELETE/REACTIVATE DIRECT DEPOSIT	_____	_____
<input type="checkbox"/> INACTIVATE GARNISHMENTS & FEES	_____	_____	<input type="checkbox"/> SOS LETTER SENT	_____	_____
<input type="checkbox"/> NOTIFY GARNISHMENT AGENCY OF TERM	_____	_____	<input type="checkbox"/> NEVADA EE NOTICE SENT	_____	_____
<input type="checkbox"/> REACTIVATE PAYROLL DEDUCTIONS IF NEEDED	_____	_____	<input type="checkbox"/> TEXAS EE LETTER SENT	_____	_____
<input type="checkbox"/> TERMINATE IN EVENTS	_____	SEE LEFT	<input type="checkbox"/> TERMINATE IN IMAGE SYSTEM	_____	SEE LEFT
<input type="checkbox"/> DELETE REVIEWS	_____	_____			
<input type="checkbox"/> THE FOLLOWING DEDUCTIONS AND/OR DEPOSITS WERE NOT DEACTIVATED UNTIL AFTER THE FINAL CHECK WAS PROCESSED:					
_____					
_____					