



TERMINATION REQUEST FORM

(This request form is to be used by employee's supervisor if all steps of disciplinary action have been issued without remedy)

Date: _____

Employee name: _____ Position: _____

Reason for termination:

Note: This request must be submitted to the Operations Manager for final approval before an employee is terminated.

Supervisor's Signature: _____ Date: _____

Operations Manager Signature: _____ Date: _____

Once approved by the Operations Manager, a meeting will be scheduled with the Supervisor to discuss steps for termination.

The Employment Termination Procedure and Checklist must be used by the main office in order to ensure all necessary steps have been followed.

COPY DISTRIBUTION: Operations Manager for approval HR Department Supervisor