

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City ST Zip

HIRE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

We ask for your address for the purpose of mailing your final check & COBRA notifications.

**VOLUNTARY** (Attach letter of resignation and check all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No Reason Given        | <input type="checkbox"/> Retirement           | <input type="checkbox"/> Job Abandonment                  |
| <input type="checkbox"/> Relocation             | <input type="checkbox"/> Personal             | <input type="checkbox"/> No Show/ No Call                 |
| <input type="checkbox"/> Job opportunity        | <input type="checkbox"/> Return/Attend School | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Work Environment       | <input type="checkbox"/> Dissatisfied         | _____   |
| <input type="checkbox"/> Job Requirement Change |   | _____   |

**INVOLUNTARY** (Attach record(s) of counseling and check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Absenteeism         | <input type="checkbox"/> Failure to Follow Instructions | <input type="checkbox"/> Inappropriate Conduct            |
| <input type="checkbox"/> Tardiness           | <input type="checkbox"/> Failure to Meet Job Standard   | <input type="checkbox"/> Gross Misconduct                 |
| <input type="checkbox"/> Violation of Safety | <input type="checkbox"/> Violation of Company Policy    | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Falsification       | <input type="checkbox"/> Failed Probationary Period     | _____   |
| <input type="checkbox"/> Insubordination     |   | _____   |

**LAYOFF** (Check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Lack of Work    | <input type="checkbox"/> Location Closed     | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Job Elimination | <input type="checkbox"/> Seasonal Employment | _____   |
|  |  | _____   |

**EMPLOYEE ACKNOWLEDGEMENT**

By my signature below, I certify that I have not been injured during my work shift(s), nor have I witnessed an accident resulting in injury to someone else during my employment.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Employee was not available to sign.  Employee refused to sign.

Did you notify your Human Resources Department prior to taking separation action?  Yes  No

MANAGER SIGNATURE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_

\*If employee is on direct deposit, do you want the final check to be paper  or direct deposit ? (Check ONE)

FOR COMPANY USE ONLY

Compensation Type	Date To Be Paid	Period Covered	Amount Paid (Gross)
Vacation			\$
Severance			\$
In-Lieu-Of-Notice			\$