



EMPLOYEE SEPARATION NOTICE

Mail to:
Landrum Professional Employer
Services, Inc.
PO Box 15698
Pensacola, FL 32514

or

Fax to:
1-850-474-6448

Employee Name: _____

Social Security Number: _____

Start Date: _____ Termination Date: _____ Last Date Worked: _____

Client Name/Location: _____

Signature of Person Completing Form: _____ Date: _____

Reason(s) for Separation:

- ☐ Resigned Voluntarily. Action was initiated solely by employee.
- ☐ Laid off due to lack of work (reduction in force)
- ☐ Discharged within first 90 days for unsatisfactory work performance.
- ☐ Discharged for misconduct (violation of work rules, etc.)
- ☐ Discharged for reasons other than misconduct.

Is this a supervisor? ☐ Yes ☐ No If so, who replaced them? _____

Please explain reason for discharge/resignation and forward copies of warning notices issued:

For Landrum Use Only:

Total Vacation Accrued _____	Insurance _____	401K _____
Savings Bonds _____	DOT _____	Child Support _____
Direct Deposit _____	Garnishments _____	Levies _____