

NOTICE OF EMPLOYEE TERMINATION

Please notify Payroll USA by fax **941/727-1039** as soon as possible to ensure proper documentation.

Employee Name: _____	SS# or EE #: _____	
Employee Address: _____		
Home Phone: (____) _____		
Date of Termination: _____	Last Day Worked: _____	Last Pay Date: _____
Worksite Employer (Client): _____		Client #: _____

Reason for Termination: (Please give explanation in Remarks section below.)

Voluntary

- Quit – No Reason Given
- Quit – Job Dissatisfaction
- Personal / Family Responsibilities
- Relocated From Area
- Military Service
- Voluntary Retirement
- Leave of Absence

- Quit – Employee Never Showed Up
- Accepted Other Job
- Job Transfer Refusal
- Medical / Maternity leave
- Disability Leave or Retirement

Layoff

- Lack of Work
- Lack of Hours
- Job Eliminated

- Temporary / Seasonal Position
- Downsize Workforce

Involuntary

- Repeated Absenteeism / Late
- Falsified Application
- Repeated Violation of Company Rules
- Substandard Performance
- Other (Explain under Remarks below)

- Repeated Insubordination
- Dishonesty / Theft
- Repeated Violation of Safety Policies
- Probationary Period (90 Days)

Remarks: _____

Final Remuneration to be Paid After Separation *(To be reported on next payroll run)*

Regular Hours _____	OT Hours _____	Reported Tips \$ _____
Rate of Pay \$ _____	Vacation Pay \$ _____	Other \$ _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____