



# UCAC EMPLOYMENT TERMINATION REPORT



Company Name _____	City/State _____	Location at which Employee worked (City/State) _____
Employee's Name: _____	Social Security Number: _____	
Original Hiring Date: _____	Last Employment Period: _____	
	From _____ To _____	
Usual Hours Of Work: _____	Last Rate of Pay \$ _____	
From _____ To _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly

<p align="center"><b>DISCHARGED</b></p> <p align="center">Please Check (✓) One:</p>	<p>State exactly the offenses for which employee was discharged: _____</p> <p>_____</p> <p>_____</p>
<p>Absenteeism..... <input type="checkbox"/></p> <p>Tardiness..... <input type="checkbox"/></p> <p>Incompetence..... <input type="checkbox"/></p> <p>Misconduct..... <input type="checkbox"/></p> <p>Insubordination..... <input type="checkbox"/></p> <p>Violation Company Rules..... <input type="checkbox"/></p> <p>Court Conviction..... <input type="checkbox"/></p> <p>Falsifying Employment <input type="checkbox"/></p> <p>Application..... <input type="checkbox"/></p> <p>Other Reason..... <input type="checkbox"/></p>	<p>Were warnings given? _____ When? _____</p> <p>By Whom? _____</p> <p>If discharge was for violation of rule, is rule expressed to employees In writing? _____ At time of hire? _____</p> <p><b>If Incompetence:</b> Was there any element of willful misconduct or disregard of Company interest? _____</p> <p>Were wages paid <b>in Lieu of Notice</b>? _____</p> <p>To what period did this apply? _____</p> <p style="text-align: center;">From _____ To _____</p> <p>Was severance or dismissal pay given? _____ Amount? _____</p> <p>Covering number of week(s)? _____</p>

<p align="center"><b>RESIGNED</b></p> <p align="center">Please Check (✓) One:</p>	<p align="center"><b>PLEASE FILL IN ALL APPLICABLE INFORMATION REGARDLESS OF SEPARATION REASON</b></p>
<p>Illness..... <input type="checkbox"/></p> <p>Change of Residence..... <input type="checkbox"/></p> <p>Working Conditions..... <input type="checkbox"/></p> <p>Marital Obligations..... <input type="checkbox"/></p> <p>To Accept Another Job..... <input type="checkbox"/></p> <p>To Become Self-Employed... <input type="checkbox"/></p> <p>Pregnancy..... <input type="checkbox"/></p> <p>Retired..... <input type="checkbox"/></p> <p>Other Reason..... <input type="checkbox"/></p>	<p><b>If Illness or Pregnancy:</b> Doctor's statement presented? _____</p> <p>Leave of absence requested? _____ Granted? _____ Expiration Date: _____</p> <p>Transfer to other work requested? _____ Granted? _____</p> <p><b>If Retirement:</b> Compulsory? _____ Voluntary? _____</p> <p>Pension Pay: Amount \$ _____ * Weekly * Monthly * Annually</p> <p>Did company contribute to plan? _____</p> <p>Part of Labor-Management Agreement? _____</p>

<p align="center"><b>LAID OFF</b></p> <p align="center">Please Check (✓) One:</p>	<p><b>If Lack of Work:</b> Permanent? _____ Indefinite? _____ Temporary? _____</p> <p>Expected Date of Recall: _____</p>
<p>Lack of Work..... <input type="checkbox"/></p> <p>Department Discontinued..... <input type="checkbox"/></p> <p>Vacation Shutdown..... <input type="checkbox"/></p> <p>Labor Dispute..... <input type="checkbox"/></p> <p>Other Reason..... <input type="checkbox"/></p>	<p><b>If Vacation:</b> Vacation Pay: \$ _____</p> <p>Covering Period: _____</p> <p style="text-align: center;">From _____ To _____</p> <p>If not fully paid for vacation, was work offered for vacation period? _____</p> <p><b>Holiday Pay:</b> Amount _____ Holiday _____ Date Paid _____</p>

**ADDITIONAL REMARKS:**

**Important:** What did employee earn during his/her most recent period of employment? \_\_\_\_\_

Total Wages

Date of this report: \_\_\_\_\_

Report signed by: \_\_\_\_\_ Telephone No.: \_\_\_\_\_