



Employee Termination/Separation Notice

Company: _____

Employee Name: _____ Employee Last Four of SS#: _____

As of _____ (Effective Date of Term) the above employee is no longer working for the above employer/company.

Please select *only one* Termination/Separation Reason from either Voluntary OR Involuntary:

Voluntary:

- | | |
|---|---|
| <input type="checkbox"/> Another Job | <input type="checkbox"/> Personal Reasons |
| <input type="checkbox"/> No Notice Given | <input type="checkbox"/> Relocated/Moved |
| <input type="checkbox"/> No Call, No Show | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walk Out | |

Involuntary:

- | | |
|--|--|
| <input type="checkbox"/> Replaced/Not a Good Fit (<i>Within Introductory Period</i>) | <input type="checkbox"/> Lack of Work/Lay Off |
| <input type="checkbox"/> Replaced/Not a Good Fit (<i>After Introductory Period</i>) | <input type="checkbox"/> Position Eliminated |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Falsification of Records |
| <input type="checkbox"/> Failure to Perform Job Duties | <input type="checkbox"/> Positive Drug Screen |
| <input type="checkbox"/> Excessive Absenteeism/Tardiness | <input type="checkbox"/> Administrative Termination for Exhausting all Leave |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Company Closed | <input type="checkbox"/> Other: _____ |

Additional Explanation or Comments for Term:

Please Print Out Name of Authorized Supervisor/Manager

Today's Date

Authorized Signature of Supervisor/Manager