

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:

- Retired
- Another Job
- No Call, No Show
- Walk Out
- Verbal Resignation
- Personal Reasons
- Relocated/Moved
- Other: _____

Involuntary:

- Absent/Tardiness
- Exhausted Leave
- Theft
- Fail to Perform Job
- Deceased
- Company Closed
- Lack of Work
- Falsified Records
- Positive for Drugs
- Job Eliminated
- Policy Violations
- Other: _____

Additional Explanation or Comments for Term:

Please Print Out Name of Authorized Supervisor/Manager

Today's Date

Authorized Signature of Supervisor/Manager