

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

Involuntary:

- | | |
|--|---|
| <input type="checkbox"/> Absent/Tardiness | <input type="checkbox"/> Lack of Work |
| <input type="checkbox"/> Exhausted Leave | <input type="checkbox"/> Falsified Records |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Positive for Drugs |
| <input type="checkbox"/> Fail to Perform Job | <input type="checkbox"/> Job Eliminated |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Policy Violations |
| <input type="checkbox"/> Company Closed | <input type="checkbox"/> Other: _____ |

Okay To Rehire:

Not Specified
Yes
No

Additional Explanation or Comments for Term:

Please Print Out Name of Authorized Supervisor/Manager

Today's Date

Authorized Signature of Supervisor/Manager