**Employee Termination Form**

 Employee Last Name Employee First Name Middle Initial

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Employed:\_\_\_\_\_\_\_ Rate of Pay:\_\_\_\_\_\_\_ Termination Date:\_\_\_\_\_\_\_\_ Last Day Worked:\_\_\_\_\_\_\_\_\_

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| **Voluntary Resignation** | **General** | **Dismissal for Cause** |
|  TO LOOK FOR OTHER EMPLOYMENT TO ACCEPT ANOTHER POSITION (JOB READY & WAITING) DISSATISFACTION WITH JOB/SALARY CHANGE IN RESIDENCE MEDICAL/HEALTH REASONS TRANSPORTATION PROBLEM TO ATTEND SCHOOL PERSONAL REASONS (EXPLAIN) ABANDONED POSITION (EXPLAIN) FAILED TO RETURN FROM LEAVE OF ABS. OTHER VOLUNTARY REASON (EXPLAIN) |  REDUCTION IN FORCE (PERMANENT) TEMPORARY LAYOFF—SUBJECT TO RECALL\_\_\_\_\_\_\_\_\_\_\_ HEALTH REASONS (EXPLAIN) ASKED TO RESIGN (EXPLAIN) UNABLE TO MEET JOB REQUIREMENTS (EXPLAIN) OTHER (EXPLAIN THOROUGHLY) |  INSUBORDINATION REFUSAL TO FOLLOW INSTRUCTIONS FALSIFICATION OF APPLICATIONS OR RECORDS ABSENTEEISM/TARDINESS INTOXICATION (DRUG/ALCOHOL) VIOLATED ESTABLISHED COMPANY RULES DISHONESTY/THEFT OTHER MISCONDUCT |
| WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS TERMINATION? (IF YES, PLEASE EXPLAIN) |  **YES NO** |
| IS EMPLOYEE ELIGIBLE FOR REHIRE? |  **YES NO** |
| **GIVE COMPLETE DETAILS:**  |
| **FOR PAYROLL USE ONLY:****BENEFITS: HEALTH DENTAL LIFE LTD 401K COBRA KEY****CANCELLED:**  |

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| **Remaining Vacation Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours **Remaining Sick Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours (exiting staff will only be paid out for remaining unused vacation hours) |
| **Date of last Paycheck:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I have read, understand and acknowledge receipt of a copy of this document.

 Employee Signature Date

 Employee refused to sign.

 Employee unavailable for signature, copy mailed.

 Supervisor Signature Date Supervisor Title