

**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