



EMPLOYEE SEPARATION / TERMINATION FORM

Employee Name _____ Social Security # _____

Last Known Address: _____

Last Date of Employment: _____ Final hours to be paid _____

Amount, if any, to be deducted from final check: _____ Reason: _____

Client: _____

Check the reason for termination below:

| Voluntary Resignation | Termination for Cause | Lay Off |
|--------------------------------|--|---------------------------|
| To accept another job | Violation of company policy | Position eliminated |
| Health reasons | No show, no call | Lack of work |
| Moving out of the area | Unsatisfactory attendance | Services no longer needed |
| Retirement | Unsatisfactory work | |
| Dissatisfied with job | Intoxicated/illegal drug use | |
| Family obligations | Misconduct | |
| Attend school/military service | Negligence | |
| Abandoned job | Insubordination | |
| Voluntary quit | Did not return to work after approved leave of absence | |
| Deceased | | |

Please explain any further details regarding this separation below:

