



# EMPLOYEE SEPARATION / TERMINATION

*Must Submit within 1 Day*

Employee Name		Social Security Number		Client Company	
Address		City		State	Zip
Last Day Worked	Effective Date	Final hours to be paid	Outstanding Obligations:		Deduction from final paycheck:
			<input type="checkbox"/> Employee Authorization Document Attached <input type="checkbox"/>		\$ _____
Does this employee have benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					PTO/Vacation/Sick Pay Out <input type="checkbox"/> Yes <input type="checkbox"/> No

*\* Delays submitting this form may result in client billing for employee portion of premiums.*

### Reason for Separation/Termination

- Policy Violation, *Please Specify Policy:* \_\_\_\_\_
- Abandoned Job 3 days No Call, No Show
- Voluntarily *Quit Without Notice*
- Unsatisfactory Performance
- Other: \_\_\_\_\_
- Lay-Off, *Temporary or Permanent (circle)*
- Voluntary Resignation 2-week Notice
- Misconduct

**EXPLAIN DETAILS: (Specify final incident which lead to separation/termination.)**

\*Attach any supporting documents.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Print Supervisor's Name

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
Date