

EMPLOYEE TERMINATION FORM

Last Name	First Name	Today's Date
Department	Start Date	Termination Date
Job Title	Supervisor	Last 4 SS#:
Termination Type		
Resignation <input type="checkbox"/>	Fired <input type="checkbox"/>	Retirement <input type="checkbox"/>
		Lay Off <input type="checkbox"/>

Reason for Termination

<p style="text-align: center;">Voluntary</p> <p><input type="checkbox"/> Disabled</p> <p><input type="checkbox"/> Job Change</p> <p><input type="checkbox"/> Family Issue</p> <p><input type="checkbox"/> Better Opportunity</p> <p><input type="checkbox"/> Personal Emergency</p> <p><input type="checkbox"/> Job Abandonment</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;">Involuntary</p> <p><input type="checkbox"/> Absenteeism/Tardiness</p> <p><input type="checkbox"/> Drug Abuse</p> <p><input type="checkbox"/> Insubordination</p> <p><input type="checkbox"/> Reduction in Force</p> <p><input type="checkbox"/> Policy Violation</p> <p><input type="checkbox"/> Misconduct</p> <p><input type="checkbox"/> Unsatisfactory Job Performance</p> <p><input type="checkbox"/> Other</p>
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Supervisor Comments

Employee Printed Name

Employee Signature

Company Representative Printed Name

Company Representative Signature

Company Witness Printed Name

Company Witness Signature