



## NOTICE OF EMPLOYEE TERMINATION

Complete 1) employee information, 2) reason for termination  
3) sign, date, attach supporting documentation and return this form to your payroll contact.

**1) Complete employee information. (Please Print)**

Employee Name \_\_\_\_\_ Social Security Number XXX - XX -

Job Title \_\_\_\_\_ Eligible for rehire? ☐ Yes ☐ No

Employer / Client Name \_\_\_\_\_

Last Day Worked \_\_\_\_/\_\_\_\_/\_\_\_\_ Notification / Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**2) ☒ Reason for Termination - \* Include explanation below**

<input type="checkbox"/> <b>Voluntary Quit (1)</b>	<input type="checkbox"/> Quit - reason below (B) <input type="checkbox"/> Accepted another job (D) <input type="checkbox"/> Moved (E) <input type="checkbox"/> Personal reason (F) <input type="checkbox"/> Transportation difficulties (G) <input type="checkbox"/> Illness / Medical (H) <input type="checkbox"/> Retirement (I) <input type="checkbox"/> School (L) <input type="checkbox"/> Quit - no reason given (M)	<input type="checkbox"/> Abandoned job / failed to appear or call (a) <input type="checkbox"/> Dissatisfied / Company Policies (b) <input type="checkbox"/> Dissatisfied / Salary (c) <input type="checkbox"/> Dissatisfied / Supervisor (d) <input type="checkbox"/> Dissatisfied / Work Conditions (e) <input type="checkbox"/> Dissatisfied / Work Hours (f) <input type="checkbox"/> Failed to return from leave (3) <input type="checkbox"/> Military* (7)
<input type="checkbox"/> <b>Involuntary Termination (2)</b>	<input type="checkbox"/> Excessive tardiness or absenteeism (C) <input type="checkbox"/> Probationary Period – not qualified for job (K) <input type="checkbox"/> Violation of drug / alcohol policy* (N) <input type="checkbox"/> Job Eliminated (P) <input type="checkbox"/> Destruction of company property (Q) <input type="checkbox"/> Violation of company policy (R) <input type="checkbox"/> Misconduct / Insubordination* (S) <input type="checkbox"/> Sleeping on the job (T) <input type="checkbox"/> Deliberate unsatisfactory performance* (U) <input type="checkbox"/> Theft / Dishonesty* (V)	<input type="checkbox"/> Violation of safety rule* (W) <input type="checkbox"/> Fighting on the job (Y) <input type="checkbox"/> Falsifying documents (Z) <input type="checkbox"/> Failure to attain or maintain license (g) <input type="checkbox"/> Lack of effort / unsatisfactory performance* (h) <input type="checkbox"/> Not qualified for job / inability to perform (i) <input type="checkbox"/> Other* (j) <input type="checkbox"/> Deceased (4) <input type="checkbox"/> Lack of work (5) <input type="checkbox"/> Job refused (6)

Explanation / Events leading to separation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3) Sign, date, attach supporting documentation and return completed form to your payroll contact.**

Employer / Client Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name and Title \_\_\_\_\_