

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City ST Zip

HIRE DATE \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

We ask for your address for the purpose of mailing your final check & COBRA notifications.

**VOLUNTARY** (Attach letter of resignation and check all that apply.)

No Reason Given	Retirement	Job Abandonment
Relocation	Personal	No Show/ No Call
Job opportunity	Return/Attend School	Other (please give detail below)
Work Environment	Dissatisfied	_____
Job Requirement Change		_____

**INVOLUNTARY** (Attach record(s) of counseling and check all that apply.)

Absenteeism	Failure to Follow Instructions	Inappropriate Conduct
Tardiness	Failure to Meet Job Standard	Gross Misconduct
Violation of Safety	Violation of Company Policy	Other (please give detail below)
Falsification	Failed Probationary Period	_____
Insubordination		_____

**LAYOFF** (Check all that apply.)

Lack of Work	Location Closed	Other (please give detail below)
Job Elimination	Seasonal Employment	_____
		_____

**EMPLOYEE ACKNOWLEDGEMENT**

By my signature below, I certify that I have not been injured during my work shift(s), nor have I witnessed an accident resulting in injury to someone else during my employment.

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Employee was not available to sign.

Employee refused to sign.

Did you notify your Human Resources Department prior to taking separation action?      Yes      No

**MANAGER SIGNATURE** \_\_\_\_\_

**WITNESS SIGNATURE** \_\_\_\_\_

**\*If employee is on direct deposit, do you want the final check to be paper or direct deposit ? (Check ONE)**

**FOR COMPANY USE ONLY**

Compensation Type	Date To Be Paid	Period Covered	Amount Paid (Gross)
Vacation			\$
Severance			\$
In-Lieu-Of-Notice			\$