



Your Advanced Business Partner

SEPARATION NOTICE

Client Name: _____ Date: _____

Employee Name: _____ SS#: _____

Address: _____ 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.) _____

- | | | |
|---|---|---|
| <input type="checkbox"/> No Reason Given | <input type="checkbox"/> Retirement | <input type="checkbox"/> Job Abandonment |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Personal | <input type="checkbox"/> No Show/ No Call |
| <input type="checkbox"/> Job opportunity | <input type="checkbox"/> Return/Attend School | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Dissatisfied | _____ |
| <input type="checkbox"/> Job Requirement Change | | _____ |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Failure to Follow Instructions | <input type="checkbox"/> Inappropriate Conduct |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Failure to Meet Job Standard | <input type="checkbox"/> Gross Misconduct |
| <input type="checkbox"/> Violation of Safety | <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Falsification | <input type="checkbox"/> Failed Probationary Period | _____ |
| <input type="checkbox"/> Insubordination | | _____ |

LAYOFF (Check all that apply.) _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Location Closed | <input type="checkbox"/> Other (please give detail below) |
| <input type="checkbox"/> Job Elimination | <input type="checkbox"/> 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?

FOR COMPANY USE ONLY _____

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