

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			\$