



**SEPARATION NOTICE**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TERMINATION DATE \_\_\_\_\_

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

**VOLUNTARY** (ATTACH ANY RESIGNATION DOCUMENTS)

- No Reason Given                       Retirement                                       Job Abandonment
- Relocation                                       Personal                                       No Show / No Call
- Job Opportunity                               Return / Attend School                       Refusal of New Position
- Work Environment                               Dissatisfied                                       Other
- Job Requirement Change                       Health Reasons

**INVOLUNTARY** (ATTACH ANY COUNSELING NOTICES)

- Absenteeism                                       Failure to Follow Instructions                       Inappropriate Conduct
- Tardiness                                       Failure to Meet Job Standard                       Gross Misconduct
- Violation of Safety Policy                       Violation of Company Policy                       Other
- Falsification                                       Failed Probationary Period
- Insubordination

**LAY OFF** (ATTACH ANY RESIGNATION DOCUMENTS)

- Lack of Work                                       Location closed                                       End of Temporary Assignment
- Job Eliminated                                       Seasonal Employment                       Other \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT**

**By my signature below**, I have reported all work-related accidents that may have occurred while I was employed and to the best of my knowledge I am not currently suffering from any work-related injury or illness. Further, I have brought any complaints that I may have had regarding any supervisors or co-workers or their treatment of me to the company's attention, and any such complaints have been resolved.

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

**TO BE COMPLETED BY THE MANAGER**

- Employee was not available to sign.                       Employee refused to sign
- Employee eligible for rehire.                       Stop Deductions: \_\_\_\_\_
- Stop Direct Deposit

MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Reason	Amount of Time and/or Money	Date To Be Paid	Approved By
Vacation / PTO			
Separation			
In-Lieu-Of-Notice			
Other			