

COMPANY NAME _____ DATE _____
 EMPLOYEE NAME _____
 SOCIAL SECURITY NUMBER _____ TERMINATION DATE _____
 DEPARTMENT _____ POSITION _____

VOLUNTARY (ATTACH ANY RESIGNATION DOCUMENTS)

- | | | |
|---|---|--|
| <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"/> Refusal of New Position |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Job Requirement Change | <input type="checkbox"/> Health Reasons | |

INVOLUNTARY (ATTACH ANY COUNSELING NOTICES)

- | | | |
|---|---|--|
| <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 Policy | <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Falsification | <input type="checkbox"/> Failed Probationary Period | <input type="checkbox"/> Other _____ |

LAY OFF (ATTACH ANY RESIGNATION DOCUMENTS)

- | | | |
|---|--|--|
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Location closed | <input type="checkbox"/> End of Temporary Assignment |
| <input type="checkbox"/> Job Eliminated | <input type="checkbox"/> Seasonal Employment | <input type="checkbox"/> 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

- | | |
|--|---|
| <input type="checkbox"/> Employee was not available to sign. | <input type="checkbox"/> Employee refused to sign |
| <input type="checkbox"/> Employee eligible for rehire. | <input type="checkbox"/> Stop Deductions: |
| <input type="checkbox"/> 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			