

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			