

Employee Details

Employee Full Name:	
Job Title:	
Department:	
Employee ID:	

Termination Details

Type of Termination (please check all that apply):

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Involuntary Termination (fired) | <input type="checkbox"/> Other |

Reason for Termination (please give a brief explanation):

Final Working Day: _____

Was proper (2-weeks or more) notice given?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Human Resources Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Company ID/Passwords Revoked | <input type="checkbox"/> Final Paycheck Processed |
| <input type="checkbox"/> Uniform/Company Items Returned | <input type="checkbox"/> PTO/Leave Balanced Paid Out (if fired) |

Supervisor/Manager Comments (optional):

Supervisor/Manager Name: _____

Signature: _____ Date: _____

Human Resources Representative Name: _____

Signature: _____ Date Reviewed: _____