

Company: _____

Date: _____

Employee Termination Report

Employee Name: _____

Dates of Employment: _____ to _____

Last Pay Check: Check OR Direct Deposit (Circle One)

Last Day Worked: _____

Last Day of Benefits: _____

Last Day on Payroll: _____

Fired OR Quit (Circle One)

Reason: _____

Recommended Rehire: Yes OR No (Circle One)

Severance Pay: Yes OR No (Circle One)

Details: _____

Sign Name: _____

Print Name: _____