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## EMPLOYEE SEPARATION

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Company Name: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Separation Effective Date: \_\_\_\_\_

Reg. Hours To Be Paid Final Check: \_\_\_\_\_

Vacation Hours To Be Paid: \_\_\_\_\_

Additional Special Instructions: \_\_\_\_\_

### Reason for Termination:

#### Voluntary Resignation (Check One)

- ☐ Secured better position
- ☐ Dissatisfied (type of work)
- ☐ Dissatisfied (salary)
- ☐ Dissatisfied (supervisor)
- ☐ Generally dissatisfied
- ☐ Retirement
- ☐ Returned to school
- ☐ Moving out of area
- ☐ Family/Personal Circumstances
- ☐ No Reason Given

#### Involuntary Termination (Check One)

- ☐ Absenteeism or Tardiness
- ☐ Failure to Meet Performance Expectations
- ☐ Insubordination
- ☐ Not qualified for the position
- ☐ Dishonesty or Theft
- ☐ Job abandonment
- ☐ Death
- ☐ Other

#### Lay Off:

Lack of Work ☐      Job Eliminated ☐

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Eligible for Rehire?    ☐ Yes    ☐ No

If NO, Explain:

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Supervisor Signature

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Date