

Date: ____/____/____

Location: _____

SEPARATION FORM

PLEASE PRINT

Employee Name _____

Hire Date: ____/____/____ Last Date Worked: ____/____/____

Position: _____

Shift: _____

SSN # _____

Supervisor: _____

Summary- for legal purpose

Reason – Check all boxes that apply

Summary: _____

- QUIT VOLUNTARILY LAYOFF LEAVE OF ABSENCE PERSONAL
- DISCHARGE FAILED TO RETURN UNACCEPTABLE PERFORMANCE ATTENDANCE
- OTHER _____

If voluntarily quit, was notice given by employee? **YES** ____ **NO** ____ (Attach copy of notice.) Would you rehire? **YES** ____ **NO** ____

If discharge, was employee warned prior to discharge? **YES** ____ **NO** ____ (Attach copy of Write up.)

If layoff, was employee offered alternative position? **YES** ____ **NO** ____

Did employee decline work? **YES** ____ **NO** ____ If yes, why did employee decline work? _____

Supervisor Signature: _____ Date: ____/____/____

FINAL PAYCHECK

Date requested: _____ Hours worked _____

Sending final check to: _____ Special Comments: _____

EMPLOYEE SIGNATURE: _____ by signing, I certify that I have not been injured as of last date worked.