

Complete 1) Employee information, 2) Reason for separation,
3) Sign, date, attach supporting documentation and return this form to your payroll contact.

1) Complete employee information. (Please Print)

Employee Name _____ Social Security Number ____ - ____ - _____

Job Title _____ Eligible for rehire? Yes No

Employer / Client Name _____

Last Day Worked _____

2) Reason for Separation

<input type="checkbox"/> Voluntary Quit (1)	<input type="checkbox"/> Quit - reason below <input type="checkbox"/> Accepted another job <input type="checkbox"/> Moved <input type="checkbox"/> Personal reason <input type="checkbox"/> Transportation difficulties <input type="checkbox"/> Illness / Medical <input type="checkbox"/> Retirement <input type="checkbox"/> School <input type="checkbox"/> Quit - no reason given	<input type="checkbox"/> Abandoned job / failed to appear or call Date employee notified (mmddy) _____ <input type="checkbox"/> Dissatisfied/ Company Policies <input type="checkbox"/> Dissatisfied / Salary <input type="checkbox"/> Dissatisfied / Supervisor <input type="checkbox"/> Dissatisfied / Work Conditions <input type="checkbox"/> Dissatisfied / Work Hours <input type="checkbox"/> Failed to return from leave Date employee notified (mmddy) _____ <input type="checkbox"/> Military
<input type="checkbox"/> Involuntary Termination (2) (Please include any and all documentation)	<input type="checkbox"/> Excessive tardiness or absenteeism <input type="checkbox"/> Probationary Period – not qualified for job <input type="checkbox"/> Violation of drug / alcohol policy <input type="checkbox"/> Job Eliminated <input type="checkbox"/> Destruction of company property <input type="checkbox"/> Violation of company policy <input type="checkbox"/> Misconduct / Insubordination <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Deliberate unsatisfactory performance <input type="checkbox"/> Theft / Dishonesty	<input type="checkbox"/> Violation of safety rule <input type="checkbox"/> Fighting on the job <input type="checkbox"/> Falsifying documents <input type="checkbox"/> Failure to attain or maintain license <input type="checkbox"/> Lack of effort / unsatisfactory performance <input type="checkbox"/> Not qualified for job / inability to perform <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> Lack of work <input type="checkbox"/> Job refused

Explanation / Events leading to separation _____

3) Sign, date, attach supporting documentation and return completed form to your payroll contact.

Employer / Client Signature _____ Date _____

Printed Name and Title _____