

Plaxco Staffing LLC

EMPLOYEE SEPARATION/TERMINATION FORM

Employee Name: _____ Social Security#: _____

Last Known Address: _____

Last Date of Employment: _____ Final Hours to be paid: _____

Amount, if any, to be deducted from final check: _____ Reason: _____

Client: _____

Check the reason for termination below:

	<u>Voluntary Resignation</u>		<u>Termination for Cause</u>		<u>Lay Off</u>
<input type="checkbox"/>	To accept another job	<input type="checkbox"/>	Violation of company policy	<input type="checkbox"/>	Position eliminated
<input type="checkbox"/>	Health reasons	<input type="checkbox"/>	No show, no call	<input type="checkbox"/>	Lack of work
<input type="checkbox"/>	Moving out of the area	<input type="checkbox"/>	Unsatisfactory attendance	<input type="checkbox"/>	Services no longer needed
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Intoxicated/illegal drug use		
<input type="checkbox"/>	Dissatisfied with job	<input type="checkbox"/>	Misconduct		
<input type="checkbox"/>	Attend school/military service	<input type="checkbox"/>	Negligence		
<input type="checkbox"/>	Abandoned job	<input type="checkbox"/>	Insubordination		
<input type="checkbox"/>	Voluntary quit	<input type="checkbox"/>	Did not return to work after approved leave of absence		
<input type="checkbox"/>	Deceased	<input type="checkbox"/>			

Please explain any further details regarding this separation below: