

Instructions: Sign form and file in personnel record.

### Employee Termination Summary

Name:		SSN:	
Position(s) and Department(s):			
Evaluator:		Start Date:	
Termination Date:		Last Day of Work:	

Termination Reason			
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	<input type="checkbox"/> Layoff, Reduction in Force, Job Elimination	<input type="checkbox"/> Disciplinary Termination
<input type="checkbox"/> Accepted a Position With Another Company  <input type="checkbox"/> Attend School  <input type="checkbox"/> Dissatisfaction with Job or Pay  <input type="checkbox"/> Medical or Health Reason  <input type="checkbox"/> Moved  <input type="checkbox"/> Not Discussed or Reason Not Given  <input type="checkbox"/> Transportation Difficulties  <input type="checkbox"/> Other	<input type="checkbox"/> Failed to Return From Leave of Absence  <input type="checkbox"/> Refusal to Accept Available Work  <input type="checkbox"/> Death  <input type="checkbox"/> Performance or Skills Not As Expected  <input type="checkbox"/> Other	<input type="checkbox"/> Temporary-Subject to Recall  <input type="checkbox"/> Indefinite or Permanent	<input type="checkbox"/> Performance  <input type="checkbox"/> Misconduct
Is the employee eligible for rehire?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name:			
Address:			
City:		State:	
		Zip code:	

Completed by:	Signature:	Date:
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**(File in Personnel Record)**