

INTERNAL USE ONLY

TERMINATION NOTICE:

FULL TIME PART TIME

EMPLOYEE NAME:

TODAYS DATE:

TERMINATION DATE:

LAST DAY WORKED:

REASONS FOR SEPARATION:

REHIRE: YES / NO

VOLUNTARILY QUIT (SEE REASON LISTED ABOVE)

FIRED – (SEE REASON LISTED ABOVE)

TERMINATED DUE TO SUBSTANDARD WORK PERFORMANCE

TERMINATED DURING 90 DAY PROBATION PERIOD

EMPLOYEE RETURNED THE FOLLOWING COMPANY ITEMS ON ___/___/___

<input type="checkbox"/> KEYS	<input type="checkbox"/>
<input type="checkbox"/> ALARM CODES	<input type="checkbox"/>
<input type="checkbox"/> COMPANY BADGE	<input type="checkbox"/>

EMPLOYEE WAS ON COMPANY HEALTH INSURANCE PROGRAM YES NO

REMOVED FROM COMPANY INSURANCE PROGRAM ON ___/___/___

EMPLOYEE MONTHLY CHARGE FOR INSURANCE COVERAGE WAS \$ _____

EMPLOYEE MONTHLY COBRA CHARGE FOR INSURANCE WILL BE \$ _____

AUTHORIZED BY: _____

DATE: _____