

STAR BUICK GMC - 260 COUNTRY CLUB ROAD - EASTON - PA -18045

## EMPLOYMENT TERMINATION FORM

Please clearly type or print the requested information. You must complete a separate form for each employee you wish to terminate.

Employee Name: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

EMPLOYEE COMMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

### Termination of Employment

Date of Termination: \_\_\_\_\_ TIME: \_\_\_\_\_

Voluntary

Involuntary

IF INVOLUNTARY DEFINE REASON FOR TERMINATION:

\_\_\_\_\_  
\_\_\_\_\_

DEPT HEAD

WAS HR CONFERRED? YES OR NO

**\*\*\*THIS FORM MUST BE SIGNED BY THE DEPT HEAD IN ORDER TO BE CONSIDERED AS VALID.\*\*\***

(PLEASE FOLLOW ENTIRE PROCEDURE FOUND IN STARCARHR.COM)

#### For Office Use Only

StarCarHR update Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Payroll Entry Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Email to HORIZON INSURE : \_\_\_\_\_ Date: \_\_\_\_\_