

EMPLOYEE SEPARATION FORM

COMPANY NAME _____ DATE (of separation) _____

NAME _____

S.S.# _____ Hours worked Final Pay Period _____

Last (physical) Day Worked _____ Employee Indebted to Company \$ _____

Job Title _____ Employee has Company Property
Keys _____ Uniform _____ Other _____
Explain _____

TYPE OF SEPARATION

1. LAYOFF / LACK OF WORK

2. QUIT

Illness _____ Moving _____ Spouse change in job _____ Maternity _____ Personal _____
Travel is too far _____ Other employment _____ Where _____
Retirement _____
Other – (Explain in detail) _____

3. DISCHARGE

Intoxication _____ Absenteeism _____ Tardiness _____ Insubordination _____
Fighting _____ Infraction of rules _____ Failure to follow instructions _____
Misconduct _____ Unauthorized use or removal of company property _____
Other – (Explain in detail) _____

SUPERVISOR'S STATEMENT: _____

Supervisor (signature)

Employee (signature)

Witness (must have signature)

Date signed