

NOTICE OF TERMINATION



NAME _____
FIRST MIDDLE LAST

CLASSIFICATION _____ EMPLOYEE # _____ ELIGIBLE FOR REHIRE YES ☐ NO ☐

DATE OF HIRE _____ DATE OF TERMINATION _____

COMPANY NAME _____ SUPERVISOR _____

JOB ADDRESS _____
STREET# CITY STATE ZIP CODE

RETURN OF TOOLS YES NO ITEMS MISSING _____

-----REASON FOR TERMINATION-----

- | | | |
|---|--|--|
| LAYOFF | DISCHARGE | VOLUNTARY QUIT |
| <input type="checkbox"/> REDUCTION OF FORCE | <input type="checkbox"/> MISCONDUCT | <input type="checkbox"/> DISSATISFIED |
| <input type="checkbox"/> JOB COMPLETED | <input type="checkbox"/> ABSENTEE | <input type="checkbox"/> LEAVING TOWN |
| <input type="checkbox"/> SHUT DOWN | <input type="checkbox"/> INTOXICATION OR DRUGS | <input type="checkbox"/> SICKNESS |
| <input type="checkbox"/> OTHER-EXPLAIN | <input type="checkbox"/> SAFETY VIOLATION | <input type="checkbox"/> OTHER-EXPLAIN |

DATE _____ FINAL CHECK _____ PICK UP ☐ MAILED HOME ☐ MAILED TO HALL ☐

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