

# Employee Separation Form



**PLEASE SUBMIT TO THE PAYROLL DEPARTMENT ASAP**

General Information	
Employee Name:	Today's Date:
Social Security Number:	Last Day Worked:
Client / Employer Name:	
Supervisor's Signature	Supervisor's Title

Involuntary Discharge	
Was employee subjected to disciplinary action prior to termination?	Yes      No
If "Yes", please explain the dates and nature of prior disciplinary action(s) in the remarks section below and provide any necessary back up documentation for the employee's file.	
Unauthorized possession of company property	Excessive unexcused absences
Insubordination	Falsification of records
Use, possession or under influence of drugs or alcohol ( <i>explain</i> )	Willful failure to perform job
Malicious damage of company property	Violation of conditions of employment
Rudeness to customers	Not qualified for job ( <i>no misconduct</i> )
Violation of company rule	Unacceptable performance ( <i>misconduct</i> )
Physical inability to perform job	Layoff due to reorganization
Layoff due to lack of work	Layoff due to location closing
Death of employee	End of assignment
Other ( <i>Use the remarks section below to explain. Attach additional page if more space is needed</i> )	
Remarks:	

Voluntary Quit	
Did employee give notice?	Yes      No      Length of notice:      Days
Was resignation given in writing?	Yes      No
Mark appropriate reason(s) below. If necessary, explain in remarks section below and provide any necessary back up documentation for the employee's file.	
To seek/accept other employment ( <i>dissatisfied with job</i> )	To seek/accept other employment ( <i>other reasons</i> )
To seek/accept other employment ( <i>better opportunity</i> )	Failure to return from leave of absence
Pregnancy	To attend school
To leave geographic area	Personal reasons unrelated to job
Transportation difficulties	Mental or physical condition
To seek/accept other employment ( <i>more money</i> )	Other ( <i>Use the remarks section below to explain. Attach additional page if more space is needed</i> )
Remarks:	

**IMPORTANT:**

Please contact National PEO as soon as possible so that final paycheck(s) may be distributed within the required time period. It is imperative that this form be completed in order to complete the employee's personnel file; cancel insurance coverage and offer COBRA, if eligible.