

# Employee Termination Form

**Please fill out and return to your Payroll Specialist**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last Date Worked: \_\_\_\_\_

**Reason for Termination:**

**Voluntary**

- Resigned with Notice
- Moved
- Retired
- Resigned without Notice
- Personal

- No Call, No Show
- Labor Dispute
- Job Abandonment
- Relocated
- E-Verify Voluntary

**Involuntary**

- Poor Performance
- Laid Off
- Violation of Policy
- E-Verify Involuntary
- Transfer Company

**Documented Disciplinary Action Prior to Termination (please provide copies):**

- Verbal Warning(s)       Written Warnings       None

**Explanation (required):**

**Copy to:**  Employee       Employee File       National PEO       Other:

**Employee Benefits:**  Health       Dental       Vision       401(k)       Other

**Employee Acknowledgement:**

My signature indicated that this notice has been discussed with me and that I understand its contents.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_