

Please Submit to the Payroll Department ASAP

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.

- | | |
|---|--|
| <input type="checkbox"/> Unauthorized possession of company property | <input type="checkbox"/> Excessive unexcused absences |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Falsification of records |
| <input type="checkbox"/> Use, possession or under influence of drugs or alcohol (explain) | <input type="checkbox"/> Willful failure to perform job |
| <input type="checkbox"/> Malicious damage of company property | <input type="checkbox"/> Violation of conditions of employment |
| <input type="checkbox"/> Rudeness to customers | <input type="checkbox"/> Not qualified for job (no misconduct) |
| <input type="checkbox"/> Violation of company rule | <input type="checkbox"/> Unacceptable performance (misconduct) |
| <input type="checkbox"/> Physical inability to perform job | <input type="checkbox"/> Layoff due to reorganization |
| <input type="checkbox"/> Layoff due to lack of work | <input type="checkbox"/> Layoff due to location closing |
| <input type="checkbox"/> Death of employee | <input type="checkbox"/> End of assignment |
| <input type="checkbox"/> Other (Use the remarks section below to explain. Attach additional page if more space is needed) | |

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.

- | | |
|--|---|
| <input type="checkbox"/> To seek/accept other employment (dissatisfied with job) | <input type="checkbox"/> To seek/accept other employment (other reasons) |
| <input type="checkbox"/> To seek/accept other employment (better opportunity) | <input type="checkbox"/> Failure to return from leave of absence |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> To attend school |
| <input type="checkbox"/> To leave geographic area | <input type="checkbox"/> Personal reasons unrelated to job |
| <input type="checkbox"/> Transportation difficulties | <input type="checkbox"/> Other (Use the remarks section below to explain. Attach additional page if more space is needed) |
| <input type="checkbox"/> Mental or physical condition | |
| <input type="checkbox"/> To seek/accept other employment (more money) | |

Remarks: _____

Important: Please contact Frontline HRO 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.