

### 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"/> Malicious damage of company property                                                                | <input type="checkbox"/> Willful failure to perform job        |
| <input type="checkbox"/> Rudeness to customers                                                                               | <input type="checkbox"/> Violation of conditions of employment |
| <input type="checkbox"/> Violation of company rule                                                                           | <input type="checkbox"/> Not qualifies for job (no misconduct) |
| <input type="checkbox"/> Physical inability to perform job                                                                   | <input type="checkbox"/> Unacceptable performance (misconduct) |
| <input type="checkbox"/> Layoff due to lack of work                                                                          | <input type="checkbox"/> Layoff due to reorganization          |
| <input type="checkbox"/> Death of employee                                                                                   | <input type="checkbox"/> Layoff due to location closing        |
| <input type="checkbox"/> Other (Use the remarks section below to explain.<br>Attach additional page if more space is needed) | <input type="checkbox"/> End of assignment                     |

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

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|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <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"/> Mental or physical condition                            | <input type="checkbox"/> Other (Use the remarks section below to explain.<br>Attach additional page if more space is needed) |
| <input type="checkbox"/> To seek/accept other employment (more money)            |                                                                                                                              |

Remarks: \_\_\_\_\_