

## **EMPLOYEE SEPARATION FORM**

Please Submit to the Payroll Department ASA	P
Employee Name:	Today's Date:
Social Security Number:La	st Day Worked: Client / Employer:
Name:	
Supervisor's Signature :	Supervisor's Title:
Involuntary Discharge	
	r to termination? Yes No If "Yes", please explain the dates and nature of elow and provide any necessary back up documentation for the employee's file.  Perty Excessive unexcused absences
Insubordination	Falsification of records
Malicious damage of company property	Willful failure to perform job
Rudeness to customers	Violation of conditions of employment
Violation of company rule	Not qualifies for job (no misconduct)
Physical inability to perform job	Unacceptable performance (misconduct)
Layoff due to lack of work	Layoff due to reorganization
Death of employee	Layoff due to location closing
Other (Use the remarks section below to e Attach additional page if more spa	
Remarks:	
Voluntary Quit	
Did employee give notice? Yes No Length	h of notice:Days Was resignation given in writing?YesNo
Mark appropriate reason(s) below. If necessary, exp for the	lain in remarks section below and provide any necessary back up documentation
To seek/accept other employment (dissati	isfied with job) To seek/accept other employment (other reasons)
To seek/accept other employment (better	opportunity) Failure to return from leave of absence
Pregnancy	To attend school
To leave geographic area	Personal reasons unrelated to job
Mental or physical condition	Other (Use the remarks section below to explain.
To seek/accept other employment (more	money) Attach additional page if more space is needed)
Remarks:	