

Employee Termination Report

Date _____

Employee Name _____

Last Day Worked _____

Reasons for Termination (Check appropriate reasons)

Quit (Voluntary)

Fired (Involuntary)

- _____ Personal Reasons
- _____ Medical Reasons
- _____ Another Position
- _____ Dissatisfied (Wages, Hours, Work, etc.)
- _____ Transportation Difficulties
- _____ Marriage
- _____ Leaving Area
- _____ Attend School
- _____ Military
- _____ Deceased
- _____ Retirement
- _____ Other (specify) _____

- _____ Unadaptable or Unsatisfactory Work
- _____ Unsatisfactory Attendance
- _____ Attitude Unsatisfactory
- _____ Excessive Tardiness
- _____ Violation of Company Rules
- _____ Refused to do Assigned Work
- _____ Extensive Absence due to Illness
- _____ Other (specify) _____

Laid Off (Involuntary)

- _____ Lack of Work / Reduction of Force

Would you recommend rehire?

Notice Given?

_____ No _____ Yes

_____ No
_____ Yes _____ days

_____ Verbal?

_____ Written?

Comments:

Managing Foreman: _____
Printed Name

Signature

Foreman / Witness: _____
Printed Name

Signature

For Office Use **ONLY** - Do Not Fill Below this line

Check when complete

_____ Make Inactive in QB, Edit Notes

_____ If DD, cancel Beneficiary in CEO

_____ Term on BCBS

_____ Term on UC

_____ Term on Allstate

_____ Edit Excel Spreadsheets

Sign when Completed

Date