**Termination Documentation Form**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Termination date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Last day worked (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarding address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Separation**

|  |  |  |
| --- | --- | --- |
| VOLUNTARY  | □ Without notice or reason□  Another Job□  Relocation□  Illness□  Pay□  Working Conditions□  Work Schedule□  Enlisted in Armed Forces | □  Problem with Supervisor□  Problem with Co-worker□  Personal Problem□  Return to School□  Retirement□  Refused Suitable Work□  LOA - Did not return□  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INVOLUNTARY  | □  Absenteeism□  Insubordination□  Violation of Rules□  Lack of Work□  Other | □  Tardiness□  Unsatisfactory Performance□  Refusal to Follow Instruction□  Job Eliminated or Changed□  Involuntary Retirement |
| Explain the reason given above in detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee's stated reason for termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the employee eligible for rehire? [ ]  YES [ ]  NOIf not eligible or only under certain conditions, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Exit Interview**
[ ]  Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Exit questionnaire and synopsis reviewed and filed.   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up required [ ]  Yes [ ]  No

**Items Received from Employee** (enter n/a if not applicable)

|  |  |  |
| --- | --- | --- |
|  | Received by | Date |
| Keys |  |  |
| Employee I.D. card |  |  |
| Laptop/computer |  |  |
| Cell phone |  |  |
| Company credit card |  |  |
| Other: |  |  |
|  |  |  |
|  |  |  |

**Payroll**

|  |  |  |
| --- | --- | --- |
|  | Amount | Date |
| Final paycheck |  |  |
| Severance pay |  |  |
| Vacation (# of hours \_\_\_) |  |  |
| Other: |  |  |

Severance agreement offered? [ ]  Yes [ ]  No

Severance agreement/release of claims signed and returned? [ ]  Yes [ ]  No [ ]  N/A

**Benefits**[ ]  Health insurance terminated    [ ]  401k plan terminated [ ]  Life insurance terminated
[ ]  Disability insurance terminated [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COBRA notification deadline: \_\_\_\_\_\_\_\_\_\_  COBRA notification date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_