**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  NO If 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_