



Employee Termination/Separation Notice

Employer/Company:

Please be informed that as of _____ (Effective Date) the below employee is no longer working for the above Employer/Company.

Employee Name

Employee Social Security Number

Type and Reason for Termination/Separation
(Please check all that apply)

Voluntary Termination:

Another Job
No Notice Given
Unknown

No Call, No Show
Walk Out
Other:

Personal Reasons
Relocated/Moved

Involuntary Termination:

Replaced/Not a Good Fit
Theft
Failure to Perform Job Duties
Excessive Absenteeism/Tardiness
Administrative Termination

Lack of Work/Lay Off
Position Eliminated
Time Theft
Falsification of Records
Other:

Insubordination
Positive Drug Screen
Company Closed
Deceased

Explanation or Additional Comments:

Date

Authorized Signature

Title