



Employee Separation Notice

Please complete this form and fax it to (602) 230-8969
every time an employee is no longer working at your company.

Client Name:

Employee Name:

SSN:

Address:

Last Date of Employment:

Voluntary: *(Please check all that apply and explain below)*

Quit *(explain below)*

Accepted other work

Medical Reasons

Relocating away from area

Personal or Family Responsibilities

Attending School

No Call / No Show for ____ day(s)

End of Seasonal or Temporary Employment

Military

Failure to return from leave of absence

Job transfer refusal

Job dissatisfaction

Probationary period

Other *(explain below)*

Involuntary: *(Please check all that apply and explain below)*

Insubordination *(explain below)*

Repeated tardiness / absenteeism

Falsified application *(explain below)*

Violated company rules *(explain below)*

Substandard performance *(explain below)*

Sleeping on the job

Foul or abusive language *(explain below)*

Destruction of company property *(explain below)*

Violation of Drug and Alcohol agreement

Dishonesty / Theft *(explain below)*

Lack of work / Laid off

Other *(explain below)*

Comments:

Reported By: _____ Date: ____ / ____ / ____