



SEPARATION FORM

Employee Name:
Department/ Last Assignment:
Last Day Worked:
Is re-employment recommended? YES _____ NO _____ If NO, reason: _____

PART A- Termination

Voluntary Termination
<input type="radio"/> No call/ no show
<input type="radio"/> Failure to return from leave of absence
<input type="radio"/> Other if known:
Involuntary Termination
<input type="radio"/> Release during probationary period
<input type="radio"/> Chronic absenteeism or tardiness
<input type="radio"/> Violation of Policy
<input type="radio"/> Unsatisfactory performance/ incompetence
<input type="radio"/> Other (please explain below)
Specific incident and/ or violation, any prior warnings:

PART B- Resignation

I am resigning
<input type="radio"/> To accept other work
<input type="radio"/> To get married
<input type="radio"/> Due to domestic responsibilities
<input type="radio"/> Due to illness
<input type="radio"/> To relocate
Other (please explain below):

My last day will be:

PART C- End of Assignment

<input type="radio"/> Reduction in Force/ Lack of Work

SIGNATURES REQUIRED

I acknowledge at this time that I do not have any complaints against my supervisor, co-workers, or any company agent or representative that have not been otherwise reported in writing during my employment. I also acknowledge that I have reported in writing any and all injuries that have occurred during my employment. I understand that my last paycheck will be provided within the time required by applicable law. I also understand that benefits will cease according to company policy and applicable law. And I acknowledge that I sign this resignation willfully and voluntarily.
Employee Printed Name:
Employee Signature: X
Date: