



***Termination of Employment***

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

SS#: \_\_\_-\_\_\_-\_\_\_ Hire Date: \_\_/\_\_/\_\_\_ Termination Date: \_\_/\_\_/\_\_\_

Reason for Termination:

- |   |   |
|---|---|
| <input type="checkbox"/> Voluntary                  | <input type="checkbox"/> Drug or Alcohol Possession |
| <input type="checkbox"/> Lack of Work               | <input type="checkbox"/> Poor work performance      |
| <input type="checkbox"/> Violating company policies | <input type="checkbox"/> Absenteeism                |
| <input type="checkbox"/> Negligence                 | <input type="checkbox"/> Excessive Tardiness        |
| <input type="checkbox"/> Other                      |   |

**Please explain reason:**

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Company Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_