

Termination of Employment Notification Form

Employee Name		
Position / Title		
Supervisor		
Employment Termination Date		
Last Day Worked		
Date of Exit Interview		
Individual Conducting Termination		
Employer Authorization	Name	Date / /

Termination Details	
<input type="checkbox"/>	Initiated by Employee (attach resignation documentation)
<input type="checkbox"/>	Initiated by Company (if for cause, attach related documentation)
<input type="checkbox"/>	Other (if mutually agreed upon, indicate initiating party)
	<input type="checkbox"/> Employee
	<input type="checkbox"/> Company
Reason for termination:	

Final Payment Details			
<input type="checkbox"/>	Regular Pay (Gross)	\$_____.	Separate Check? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Vacation / PTO Pay (Gross)	\$_____.	Separate Check? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Other Pay (Gross)	\$_____.	Separate Check? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Please contact me regarding Manual Check details		