



RECORD OF TERMINATION

ON SITE EMPLOYER _____		EMPLOYEE NAME _____	
HIRE DATE _____		LAST DAY WORKED _____	
SEPARATION DATE _____		RATE OF PAY _____	
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME	
ADDRESS TO WHICH W-2 SHOULD BE MAILED _____			
VOLUNTARY RESIGNATION (ATTACH LETTER OF RESIGNATION AND CHECK ALL THAT APPLY)			
<input type="checkbox"/> RETURN TO SCHOOL		<input type="checkbox"/> PERSONAL REASONS	
<input type="checkbox"/> RELOCATION		<input type="checkbox"/> JOB ABANDONMENT	
<input type="checkbox"/> RETIREMENT		<input type="checkbox"/> DISSATISFIED WITH JOB	
<input type="checkbox"/> NO REASON GIVEN		<input type="checkbox"/> TO ACCEPT OTHER WORK	
<input type="checkbox"/> WORK HOURS/JOB RESPONSIBILITY CHANGE		<input type="checkbox"/> IN LIEU OF DISCHARGE	
INVOLUNTARY RESIGNATION (CHECK MORE THAN ONE IF APPROPRIATE)			
<input type="checkbox"/> ABSENTEEISM		<input type="checkbox"/> FAILURE TO MEET PERFORMANCE EXPECTATIONS	
<input type="checkbox"/> TARDINESS		<input type="checkbox"/> DISREGARD FOR CO-WORKERS/CUSTOMERS/CLIENTS	
<input type="checkbox"/> FAILED EVALUATION PERIOD		<input type="checkbox"/> VIOLATION OF COMPANY POLICIES & PROCEDURES	
<input type="checkbox"/> INSUBORDINATION		<input type="checkbox"/> NOT QUALIFIED FOR POSITION	
<input type="checkbox"/> OTHER			
LAYOFF			
<input type="checkbox"/> LACK OF WORK		<input type="checkbox"/> JOB ELIMINATED	
DOCUMENTATION			
IF YOU HAVE SELECTED INVOLUNTARY RESIGNATION, ATTACH ALL DOCUMENTATION, WRITTEN WARNINGS, INCIDENT NOTES, DATES, WITNESSES, AND EXPLANATIONS TO CLARIFY AND SUPPORT TERMINATION DECISION.			

UPON SEPARATION, INDICATE WHETHER EMPLOYEE DID OR WILL RECEIVE ANY OF THE FOLLOWING:			
COMPENSATION TYPE	DATE TO BE PAID	PERIOD COVERED	AMOUNT PAID (GROSS)
VACATION			
SEVERANCE			
WAGES IN-LIEU OF NOTICE			
SICK			
DID YOU FOLLOW HUMAN CAPITAL'S HUMAN RESOURCES RECOMMENDATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, STATE THE PERSON'S NAME _____			
EMPLOYEE (PLEASE PRINT) _____		EMPLOYER (PLEASE PRINT) _____	
EMPLOYEE SIGNATURE _____		EMPLOYER SIGNATURE _____	
WITNESS SIGNATURE _____			
HUMAN CAPITAL USE ONLY			
PROCESSED BY _____		DATE _____	

FAX TO HUMAN CAPITAL: (248) 353-3829