

# Employee Separation Form

**PLEASE SUBMIT TO THE PAYROLL DEPARTMENT ASAP**

## General Information

Employee Name:	Today's Date:
Social Security Number:	Last Day Worked:
Client / Employer Name:	
Supervisor's Signature	Supervisor's Title

## Involuntary Discharge

Was employee subjected to disciplinary action prior to termination?	Yes	No
If "Yes", please explain the dates and nature of prior disciplinary action(s) in the remarks section below and provide any necessary back up documentation for the employee's file.		
Unauthorized possession of company property	Excessive unexcused absences	
Insubordination	Falsification of records	
Use, possession or under influence of drugs or alcohol ( <i>explain</i> )	Willful failure to perform job	
Malicious damage of company property	Violation of conditions of employment	
Rudeness to customers	Not qualified for job ( <i>no misconduct</i> )	
Violation of company rule	Unacceptable performance ( <i>misconduct</i> )	
Physical inability to perform job	Layoff due to reorganization	
Layoff due to lack of work	Layoff due to location closing	
Death of employee	End of assignment	
Other ( <i>Use the remarks section below to explain. Attach additional page if more space is needed</i> )		
Remarks:		

## Voluntary Quit

Did employee give notice?	Yes	No	Length of notice:	Days
Was resignation given in writing?	Yes	No		
Mark appropriate reason(s) below. If necessary, explain in remarks section below and provide any necessary back up documentation for the employee's file.				
To seek/accept other employment ( <i>dissatisfied with job</i> )	To seek/accept other employment ( <i>other reasons</i> )			
To seek/accept other employment ( <i>better opportunity</i> )	Failure to return from leave of absence			
Pregnancy	To attend school			
To leave geographic area	Personal reasons unrelated to job			
Transportation difficulties	Mental or physical condition			
To seek/accept other employment ( <i>more money</i> )	Other ( <i>Use the remarks section below to explain. Attach additional page if more space is needed</i> )			
Remarks:				

## IMPORTANT:

Please contact Human Capital as soon as possible so that final paycheck(s) may be distributed within the required time period. It is imperative that this form be completed in order to complete the employee's personnel file; cancel insurance coverage and offer COBRA, if eligible.