

Termination Information Request Form

Company Name: _____

Employee Name: _____

Last Day of Work: _____

Did the employee QUIT?

YES or NO

Was the employee TERMINATED?

YES or NO

Where there any prior warnings?

YES or NO If YES please provide any supporting documentation

If employee was terminated, who was responsible for discharging employee?

Name: _____ Position: _____

Please provide a detailed description of for the reason of separation:

Would you rehire this employee?

YES or NO

Name: _____
(Authorized Signature for the Company) (Date)

Fax to: 6235834451 or Email: unifiedservices@azatwork.com