

## Termination Information Request Form

Company Name: \_\_\_\_\_

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

Last Working Day: \_\_\_\_\_

Eligible for rehire? ☐ Yes ☐ No

Select **ONE** reason for separation:

**Voluntary:**

☐ Quit

☐ Medical-self or family

☐ Better job/pay/benefits/hours

☐ No Call/No Show

☐ Retirement

☐ Other: \_\_\_\_\_

**Involuntary:**

☐ Laid Off/Lack of Work

☐ Poor Performance

☐ Unqualified for Job

☐ Other: \_\_\_\_\_

☐ Insubordination

☐ Seasonal/Contract Ended

☐ Violation of company policy/procedure/ethics

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Were there any prior warnings? Yes ☐ No ☐ ☐ Verbal ☐ Written

If Applicable:

Date of 1<sup>st</sup> verbal warning: \_\_\_\_\_ Date of 2<sup>nd</sup> verbal warning: \_\_\_\_\_ Date of 3<sup>rd</sup> verbal warning: \_\_\_\_\_

**All** supporting documents for prior warnings **MUST** be provided for employee records.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_