

Termination Information Request Form

Company Name: _____

Employee Name: _____

Last Working Day: _____

Eligible for rehire? Yes No

Select ONE reason for separation:

Voluntary:

<input type="checkbox"/> Quit	<input type="checkbox"/> No Call/No Show
<input type="checkbox"/> Medical-self or family	<input type="checkbox"/> Retirement
<input type="checkbox"/> Better job/pay/benefits/hours	<input type="checkbox"/> Other: _____

Involuntary:

<input type="checkbox"/> Laid Off/Lack of Work	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Poor Performance	<input type="checkbox"/> Seasonal/Contract Ended
<input type="checkbox"/> Unqualified for Job	<input type="checkbox"/> Violation of company policy/procedure/ethics
<input type="checkbox"/> Other: _____	

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 1st verbal warning: _____ Date of 2nd verbal warning: _____ Date of 3rd 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: _____