

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 Vensure Employer Services 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.