

# Separation Notice



## General Information

Client Name:		Date:	
Employee Name:		SSN:	
Address:	City and State:	Zip:	
Hire Date:	Termination Date:		
Department:	Position:		

We ask for your address for the purpose of mailing your final check & COBRA notifications.

## Reason

### Voluntary (Attach letter of resignation and check all that apply.)

<input type="checkbox"/> No Reason Given	<input type="checkbox"/> Job Requirement Change	<input type="checkbox"/> Dissatisfied
<input type="checkbox"/> Relocation	<input type="checkbox"/> Retirement	<input type="checkbox"/> Job Abandonment
<input type="checkbox"/> Job Opportunity	<input type="checkbox"/> Personal	<input type="checkbox"/> No/Show/No Call
<input type="checkbox"/> Work Environment	<input type="checkbox"/> Return/Attend School	<input type="checkbox"/> Other (please give detail below)

Details:

### Involuntary (Attach record(s) of counseling and check all that apply.)

<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Failed Probationary Period
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Inappropriate Conduct
<input type="checkbox"/> Violation of Safety	<input type="checkbox"/> Failure to Meet Job Standard	<input type="checkbox"/> Gross Misconduct
<input type="checkbox"/> Falsification	<input type="checkbox"/> Violation of Company Policy	<input type="checkbox"/> Other (please give detail below)

Details:

### Layoff (Check all that apply.)

<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Location Closed
<input type="checkbox"/> Job Elimination	<input type="checkbox"/> Seasonal Employment
<input type="checkbox"/> Other (please give detail):	

## Employee Acknowledgment

By my signature below, I certify that I have not been injured during my work shift(s), nor have I witnessed an accident resulting in injury to someone else during my employment.

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

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

## Employer Information

<input type="checkbox"/> Employee was not available to sign.	<input type="checkbox"/> Employee refused to sign.
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Did you notify your Human Resources Department prior to taking separation action?  Yes  No

Manager Signature: _____	Witness Signature: _____
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If employee is on direct deposit, the final check will be (check one):  paper  direct deposit

## For Company Use Only

Compensation Type	Date to Be Paid	Period Covered	Amount Paid (Gross)
Vacation			
Severance			
In-Lieu-Of-Notice			