

EMPLOYEES TERMINATION

NAME: _____

SOCIAL SECURITY: _____

DATE TERMINATED: _____

REASON FOR TERMINATION: (Check One)

- _____ Voluntary Termination of Employment/Resignation
- _____ Involuntary Termination of Employment (i.e. Laid Off, Redundancy, Misconduct, Etc .)
- _____ Involuntary Termination of Employment (Due to Gross Misconduct)
- _____ COBRA (Insurance) form
- _____ Retirement withdrawal/vested benefit form
- _____ FMLA Exhausted
- _____ Leave of Absence/Workman's Comp
- _____ Retiring
- _____ Death

ACCUMULATED HOURS AS OF TERMINATION DATE

Sick Leave Hours: _____

Overtime Hours : _____

Vacation Hours : _____

Holiday Hours: _____

EMPLOYEE SIGNATURE:

DATE

HEAD OF OFFICE

DATE