

Employee Termination Form

Instructions: Supervisors, please complete the Employee Termination Form and email to qti-hrmailbox@tandemhr.com or fax 608-259-6304 prior to the employee's last day.

Employee Name:	Termination Date:	Last Day of Employment:
Company Name:	Termination Form Completed By:	

Termination Information:	
Reason:	Resignation Letter Received/Dated:
Comments:	

Separation Payout Information:			Verified by Tandem HR
If known, indicate whether or not the following should be paid out for this employee...			
Paid Time / Earned Time Off	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ hours	<input type="checkbox"/> Yes Initials: _____
Vacation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ hours	<input type="checkbox"/> Yes Initials: _____
Sick Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ hours	<input type="checkbox"/> Yes Initials: _____
Other Time Off:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ hours	<input type="checkbox"/> Yes Initials: _____
Severance	<input type="checkbox"/> Yes <input type="checkbox"/> No	See agreement for details	<input type="checkbox"/> Yes Initials: _____
Wages in Lieu of Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ hours or \$ _____	<input type="checkbox"/> Yes Initials: _____

List any special instructions below. Note: Tandem HR will pay the employee's wages until their last day of employment unless otherwise noted.

Special Instructions for Tandem HR:

Documentation Attached:
<input type="checkbox"/> Resignation letter (if applicable) <input type="checkbox"/> Documentation that clarifies and supports the termination decision (i.e. written warnings, PIP, incident notes, dates, etc.) <input type="checkbox"/> Severance and/or Separation Agreement <input type="checkbox"/> No documentation attached

Supervisor Signature: _____ Date: _____

QTI HR INTERNAL USE ONLY:

Comments: (i.e. separation agreement, rehireability, unemployment insurance information, etc.)