

Termination Form

Company name: _____ Employee name: _____

Last 4 digits of SSN: _____ Last date worked: _____ Termination effective date: _____

Reason for termination (pick one):

Involuntary

- Attendance
- Death
- Failed background check
- Layoff
- Misconduct
- Position eliminated
- Safety violation
- Temporary assignment ended
- Unsatisfactory job performance
- Violation of policy, rule, or procedure
- Other: _____

Voluntary

- Another job
- Back to school
- Failure to return from LOA
- Illness/maternity
- No call/no show on _____
- Personal/family
- Relocation
- Resignation with notice received on _____
- Resignation without notice
- Other: _____

Final Pay Reconciliation

- Final Pay:** Direct Deposit Live Check
- Eligible for rehire:** Yes No
- Unemployment:** Protest Do not protest

Compensation Type	Number of Hours	Amount To Be Paid	Date To Be Paid
Regular Hours			
Overtime Hours			
Vacation/PTO			
Severance			
In-Lieu-of-Notice			
Commission/Bonus			
Other			

Review final pay to ensure proper deductions.

A payroll deduction authorization form must be completed and signed by the employee to deduct used but unaccrued vacation, PTO, sick time, outstanding loans, draw payments, or equipment damage or loss from final wages applicable by state law.

Client Authorization Signature: _____ Date: _____