

# 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: \_\_\_\_\_