EMPLOYEE TERMINATION: ROE / LOA

STORE #: _____ **EMPLOYEE #:** _____

NAME: _____

LAST FIRST NAME MIDDLE NAME

☐ **ROE**

☐ **LOA**

(CIRCLE APPLICABLE LETTER)

A SHORTAGE OF WORK

D ILLNESS OR INJURY

E QUIT

F PREGNANCY/PARENTAL LEAVE (RETURN DATE IF KNOWN) _____

G RETIREMENT

K OTHER (INDICATE REASON) _____

M DISMISSAL (INDICATE REASON) _____

N LEAVE OF ABSENCE (RETURN DATE IF KNOWN) _____

LAST DAY WORKED: _____

REHIRE STATUS (CIRCLE APPLICABLE): **RETURNING OR NOT RETURNING**

FINAL VACATION PAY _____

STORE MANAGER: _____ _____

PRINT SIGNATURE