



EMPLOYEE SEPARATION FORM

Employee Name: _____ Was Separated Today: _____

S.S. # XXX-XX _____ First Day Worked: _____

Department Employed: _____ Last Day Worked: _____

SEPARATION/TERMINATION REASON- Details and remarks noted below.

- | | |
|--|---|
| <input type="checkbox"/> Voluntary Quit- Explained Below | <input type="checkbox"/> Illness or Injury – Explain |
| <input type="checkbox"/> Quit- To Accept Other Work | <input type="checkbox"/> Walked Off the Job |
| <input type="checkbox"/> Other- Explain | <input type="checkbox"/> Dishonesty- Signed Statements |
| <input type="checkbox"/> Violation of Company Policies/ Safety Rules | <input type="checkbox"/> Leaving Work without Permission |
| <input type="checkbox"/> Insubordination- Explain | <input type="checkbox"/> 3 Consecutive days unreported absences |
| <input type="checkbox"/> Failed Drug/Alcohol Screen | <input type="checkbox"/> Frequent Tardiness or Absenteeism |
| <input type="checkbox"/> Reporting Under the influence of Alcohol or Drugs | <input type="checkbox"/> No Call, No Show- Dates Below |

Job Refusal

Date Refused: _____ Rate of Pay: _____

Type of Work Offered: _____

Remarks: _____

Employee Signature: _____ **Date:** _____

Witness: _____ **Location:** _____

Completed By: _____ **Title:** _____ **Date:** _____

IF EMPLOYEE REFUSES TO SIGN THIS DOCUMENT SIMPLY NOTE ON FORM. EMPLOYEE'S REFUSAL TO SIGN THIS DOCUMENT DOES NOT NEGATE THE DISCIPLINE IN ANYWAY.