

# TERMINATION FORM

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Social Security Number:</b>
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<b>Client Company:</b>	<b>Job Title:</b>	<b>Supervisor:</b>	<b>Last Day of Work:</b>
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**Action Taken:**

<input type="checkbox"/>	<b>Retirement</b>																
<input type="checkbox"/>	<b>Lay Off</b> Subject to Recall? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, anticipated date of recall: _____																
<input type="checkbox"/>	<b>Client Company Terminating Contract with The Employer Group, Inc.</b>																
<input type="checkbox"/>	<b>Quit</b> Date Notice Received: _____ Reason Given: _____																
<input type="checkbox"/>	<b>Discharge</b> (please check reason below) By Whom: _____ Date Employee Notified: _____ Was Employee Warned Prior to Discharge?: _____ If yes, please attach documentation <table border="0"> <tr> <td><input type="checkbox"/> Tardiness / Absenteeism - attach dates and reasons given</td> <td><input type="checkbox"/> Removing, destroying, or using company property without authorization</td> </tr> <tr> <td><input type="checkbox"/> Violation of safety or health rules</td> <td><input type="checkbox"/> Dishonesty / Theft / Falsification of data</td> </tr> <tr> <td><input type="checkbox"/> Insubordination</td> <td><input type="checkbox"/> Failure to timely report an accident or injury</td> </tr> <tr> <td><input type="checkbox"/> Unsatisfactory performance</td> <td><input type="checkbox"/> Incapable of performing job</td> </tr> <tr> <td><input type="checkbox"/> Falsifying Information to Company</td> <td><input type="checkbox"/> Failure to obtain/maintain required credentials</td> </tr> <tr> <td><input type="checkbox"/> Making threats of violence</td> <td><input type="checkbox"/> Overstayed Leave of Absence</td> </tr> <tr> <td><input type="checkbox"/> Working under influence of or possession of alcohol or illegal drugs</td> <td><input type="checkbox"/> Policy violation, specify policy: _____</td> </tr> <tr> <td><input type="checkbox"/> Possessing weapon at work</td> <td><input type="checkbox"/> Other, please specify: _____</td> </tr> </table> Any additional information: _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Tardiness / Absenteeism - attach dates and reasons given	<input type="checkbox"/> Removing, destroying, or using company property without authorization	<input type="checkbox"/> Violation of safety or health rules	<input type="checkbox"/> Dishonesty / Theft / Falsification of data	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Failure to timely report an accident or injury	<input type="checkbox"/> Unsatisfactory performance	<input type="checkbox"/> Incapable of performing job	<input type="checkbox"/> Falsifying Information to Company	<input type="checkbox"/> Failure to obtain/maintain required credentials	<input type="checkbox"/> Making threats of violence	<input type="checkbox"/> Overstayed Leave of Absence	<input type="checkbox"/> Working under influence of or possession of alcohol or illegal drugs	<input type="checkbox"/> Policy violation, specify policy: _____	<input type="checkbox"/> Possessing weapon at work	<input type="checkbox"/> Other, please specify: _____
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**TO BE COMPLETED BY MANAGER FOR TERMINATED EMPLOYEE:**

<b>Final Appraisal:</b> Rate as Follows: <b>E</b> = Excellent, <b>G</b> = Good, <b>A</b> = Average, <b>F</b> = Fair, <b>P</b> = Poor Work Quality: _____ Attendance: _____ Effort: _____ Attitude: _____ Versatility: _____ Would you recommend this employee for rehire in your company? _____ In another company? _____ Reason: _____ _____
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**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For The Employer Group Use Only:</b>	
Date this form received: _____	By: _____
Date processed by payroll: _____	By: _____
Date processed by benefits: _____	By: _____