



TERMINATION FORM

Fax to (941) 625-0123

CLIENT/EMPLOYEE INFORMATION

Client Company _____ Client/Employee # _____ -- _____
 Employee Name _____ Termination Date _____
 SSN _____ - _____ - _____ Eligible for Rehire? Yes No

TERMINATION INFORMATION

Last date Employee worked _____ Was work available at the time? Yes No
 Employee reported directly to _____

REASON FOR TERMINATION

Please check one of the boxes below and provide any additional information as requested.

- | | |
|----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Lay-Off |
| <input type="checkbox"/> Quit | <input type="checkbox"/> Lack of Work – Temporary |
| <input type="checkbox"/> No Show/No Call/Job Abandonment | <input type="checkbox"/> Terminated within 90 Day Probation |
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Terminated for Cause or Misconduct |
| <input type="checkbox"/> Job Refusal | <input type="checkbox"/> Hired – Never Worked |
| <input type="checkbox"/> Leave of Absence | |

Explanation/Description: _____

If applicable, please check any of the boxes below **and provide documentation with this form.**

- | | |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Employee Received Warning(s) | <input type="checkbox"/> Misrepresented Work Experience |
| <input type="checkbox"/> Employee Misconduct | <input type="checkbox"/> Other |

SIGNATURE

I certify that my statements are true and correct.

 Supervisor Signature Print Name Date

For IEL Use Only

 Processor Initials
 Yes No Cancelled Client
 Yes N/A Direct Deposit Termed

 HR Term Letter Date
 Yes N/A Benefits Termed
 Yes N/A Child Support Termed