

EMPLOYEE TERMINATION/LEAVE FORM

Employee Name:			
Job Title:			
Department:			
Manager:			
Termination Date:			
Reason for Termination/Leave			
Voluntary		Involuntary	
☐ Another Position	☐ Personal Reasons	☐ Illness or Injury Attendance	☐ Violation of Company Policy
☐ Relocation	☐ Retirement	☐ Lay Off	☐ Reorganization
☐ Return to School	☐ Other_____	☐ Position Eliminated Strike or Lockout	☐ Other_____
EFFECTIVE DATE OF TERM/LEAVE YYYY/MM/DD	LAST DAY WORKED YYYY/MM/DD	RETURN DATE YYYY/MM/DD	ELIGIBLE FOR REHIRE (IF TERMINATED) YES ☐ NO ☐
Comments:			

Employee's Signature _____

Interviewer's Signature _____

Date _____