



WORKSITE EMPLOYEE TERMINATION FORM

Employee Name: _____

Social Security Number: _____

Job Title/Department: _____

Last Day Worked: _____

Reason for Termination: (check one)

No Call/No Show/Job Abandonment

Resigned with Notice

Reduction in workforce **

Resigned without Notice

Terminated **

Temporary Layoff **

** These types of terminations also require that you fill out a labor release form and present it to the employee on his/her last day.

Check the following that apply:

_____ I would like additional deductions taken out of the final check. Please list type of deduction below:

_____ I would like the final check to be a paper check. (If this is not checked, the final check will be handled according to the employee's current designation)

Manager Signature: _____

Date: _____