

EMPLOYEE TERMINATION

Employee's Name _____ Date _____

Employee's Employment Location _____ Title _____

Reason for Termination _____

(Attach letter of resignation or termination, if applicable)

Employment Dates: From _____ To _____

Earned Vacation at Date of Termination _____

Other Compensation (Explain) _____

Was employee issued any company Manuals or Handbooks? _____

If Yes, have the Manuals been returned and who now has possession of those Manuals? _____

NOTE:

1. Employees terminated by the company must be in possession of any and all compensation due at the time the employee receives the notification of termination.
2. Employees who resign (with or without proper notice), must be paid any and all compensation due, within seventy-two (72) hours from the date of the employee's resignation.
3. Regardless of the circumstances of a termination and in any event, the Payroll Department at the Corporate Office is to be notified immediately either by telephone or facsimile.
4. This employee Termination Form is then to be completed and submitted together with the employee final time record and mailed directly to the Payroll Department at the Corporate Office.

Authorized By/Date _____

Approved By/Date _____

