

# Employee Termination (Form)

Employee: \_\_\_\_\_

Division: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Termination Type: \_\_\_\_\_

Eligible to Receive PTO?      Yes      No      Negative PTO Balance

Date of Last Paycheck: \_\_\_\_\_

Live Check

Direct Deposit/Pay Card

Reason for Termination:

Date of Last Warning:

Materials Received

Phone    Computer    Returned to Corporate    Debit Card    Keys    Uniforms

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email/fax form to Human Resource Administrator at the Corporate Office.