

## NOTICE OF EMPLOYEE TERMINATION

Please notify Payroll USA by fax **941/727-1039** as soon as possible to ensure proper documentation.

<b>Employee Name:</b> _____	<b>SS# or EE #:</b> _____	
<b>Employee Address:</b> _____		
<b>Home Phone:</b> (____) _____		
<b>Date of Termination:</b> _____	<b>Last Day Worked:</b> _____	<b>Last Pay Date:</b> _____
<b>Worksite Employer (Client):</b> _____		<b>Client #:</b> _____

*Reason for Termination: (Please give explanation in Remarks section below.)*

### **Voluntary**

Quit – No Reason Given  
Quit – Job Dissatisfaction  
Personal / Family Responsibilities  
Relocated From Area  
Military Service  
Voluntary Retirement  
Leave of Absence

Quit – Employee Never Showed Up  
Accepted Other Job  
Job Transfer Refusal  
Medical / Maternity leave  
Disability Leave or Retirement

### **Layoff**

Lack of Work  
Lack of Hours  
Job Eliminated

Temporary / Seasonal Position  
Downsize Workforce

### **Involuntary**

- Repeated Absenteeism / Late
- Falsified Application
- Repeated Violation of Company Rules
- Substandard Performance
- Other (Explain under Remarks below)

- Repeated Insubordination
- Dishonesty / Theft
- Repeated Violation of Safety Policies
- Probationary Period (90 Days)

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Final Remuneration to be Paid After Separation** *(To be reported on next payroll run)*

Regular Hours \_\_\_\_\_ OT Hours \_\_\_\_\_ Reported Tips \$ \_\_\_\_\_  
Rate of Pay \$ \_\_\_\_\_ Vacation Pay \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_