



CLIENT INFORMATION

Client Number:
Client Name:

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:
Last Day Worked:

REASON FOR TERMINATION

<u>VOLUNTARY</u>	<u>INVOLUNTARY</u> (PROVIDE DOCUMENTATION/DETAILS BELOW)
<input type="radio"/> No Call/No Show	<input type="radio"/> 90 Day Introductory Period
<input type="radio"/> Quit With Notice	<input type="radio"/> Layoff/ Lack of Work
<input type="radio"/> Moved Out of Area	<input type="radio"/> Violation of Company Policy
<input type="radio"/> Back to School	<input type="radio"/> Excessive Tardiness/Absenteeism
<input type="radio"/> Walked Off the Job	<input type="radio"/> Misconduct
<input type="radio"/> Medical Reasons	<input type="radio"/> Positive Drug Screen
<input type="radio"/> Quit Without Notice	<input type="radio"/> Unacceptable Job Performance
<input type="radio"/> Personal Reasons	<input type="radio"/> Insubordination
<input type="radio"/> Other	<input type="radio"/> Other

PROVIDE DETAILS OF TERMINATION

Supervisor Signature:	Date:
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WELCO USE ONLY

Received By:	Processed By:
Date:	Date: