

# EMPLOYEE SEPARATION REPORT

EMPLOYEE'S IMMEDIATE SUPERVISOR SHOULD COMPLETE THIS FORM  
FORM SHOULD **NOT** BE GIVEN TO EMPLOYEE

## Section I: Employee Information

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
SOCIAL SECURITY NO. \_\_\_\_\_ HIRE / REHIRE DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
TERMINATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ LAST DAY WORKED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RATE OF PAY \_\_\_\_\_  
 PER HOUR  
 PER WEEK  
 PER MONTH

## Section II: Employer Information

COMPANY NAME \_\_\_\_\_ LOCATION / DEPARTMENT \_\_\_\_\_  
SUPERVISOR'S NAME (please print) \_\_\_\_\_ JOB TITLE \_\_\_\_\_ EXTENSION NO. \_\_\_\_\_

## Section III: Reason for Separation

### VOLUNTARY RESIGNATION

- REFUSED TO STATE REASON
- TO LOOK FOR OTHER EMPLOYMENT
- TO ACCEPT ANOTHER JOB:  
COMPANY NAME \_\_\_\_\_
- DISLIKE JOB / PAY
- CHANGE IN RESIDENCE
- MEDICAL/HEALTH REASONS
- TRANSPORTATION PROBLEM
- TO ATTEND SCHOOL
- NO RETURN FROM LEAVE OF ABSENCE / VACATION
- PERSONAL REASONS  
(NOT JOB RELATED)
- ABANDONED POSITION

### GENERAL

- REORGANIZATION
- TEMPORARY/SEASONAL WORK
- PLANT CLOSING
- LAY OFF / LACK OF WORK
- UNABLE TO MEET JOB REQUIREMENTS
- NOT AVAILABLE FOR WORK
- RETIREMENT

Yes No  
WAS LEAVE REQUESTED?    
WAS LEAVE AVAILABLE    
WAS LEAVE GRANTED

### DISCHARGE

- VIOLENT ACTS / THREATS
- REFUSAL TO FOLLOW INSTRUCTIONS
- FALSIFICATION OF APPLICATIONS OR RECORDS
- ABSENTEEISM/TARDINESS
- INTOXICATION  
(ALCOHOL/DRUGS)
- VIOLATED ESTABLISHED COMPANY RULE
- DISHONESTY

DATE(S) OF PRIOR DISCIPLINE FOR REASONS RELATED TO DISCHARGE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Section IV: Complete Details

DESCRIBE ALL REASONS FOR TERMINATION (ATTACH SHEET IF NECESSARY)