



## Notice of Termination of Employment

\_\_\_\_\_  
Last Name                      First Name                      Middle                      Position

\_\_\_\_\_  
Client Worksite Location                      Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Start Date                      Last Day Worked                      Termination Date

**Final Pay Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Wages in Lieu of Notice:  YES  NO \$\_\_\_\_\_ Accrual Pay:  YES  NO \$\_\_\_\_\_

Severance Pay \$\_\_\_\_\_ (Indicate number of weeks or dollar amount in excess of wages in lieu)

Other Pay \$\_\_\_\_\_

**Discharge Reason –Please refer to the Separation Code Key for the Appropriate Choice and Check One below:**

**Resignation**\_\_\_\_\_      **Discharge**\_\_\_\_\_      **Lay-Off**\_\_\_\_\_      **Miscellaneous**\_\_\_\_\_  
(voluntary quit)                      (lack of work)

\*Detailed Explanation of the circumstances surrounding termination, with documentation and available witnesses, particularly in the case of a discharge

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possibility of Rehire? ( ) Yes ( ) No

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Employee Signature\**                      *Date*                      *Supervisor Signature*                      *Date*

\*The employee’s signature indicates receipt of notice of termination only and does not imply employee’s agreement.