



Employee Separation/Termination Report

Client Name: _____

Employee Name: _____ Social Security Number: ____-____-____

Last Day Worked: ____/____/____ Eff. Date of Term.: ____/____/____ Last Payroll Date: ____/____/____

Employee's Job Title: _____ Employee's Supervisor: _____

Please choose reason for separation. Check all that apply and explain below.

Lack of Work

- | | |
|-----------------|----------------------|
| Lack of Work | Seasonal Layoff |
| Job Eliminated | Temporary Layoff |
| Location Closed | Assignment Completed |

Please name staff member who laid-off employee, if applicable: _____

If Season/Temporary, please indicate recall date, if any: ____/____/____

Discharge

- | | |
|---------------------------------|---------------------------------------|
| Insubordination | Failed to Meet Work Standard |
| Harassment | Absenteeism/Tardiness |
| Improper Conduct | Inability to Perform Job |
| Theft | Misuse Equipment/Violate Safety Rules |
| Refused to Perform Duties | Alcohol/Drug Use on the Job |
| Driving Record | Conduct |
| Destruction of Company Property | Other (explain below) |
| Poor Attitude | |

Please name staff member who discharged employee: _____

Please name final event that led to discharge: _____

Voluntary Quit

- | | |
|-----------------------|---------------------------|
| Job Abandonment | Voluntary Quit |
| Refused Offer of Work | Accepted Other Employment |
| Relocation | Mutual Agreement |
| School | Transportation Problems |
| Illness/Injury | Personal |
| Internal Conflict | Other (explain below) |

Please specify if resignation was verbal or in writing: _____

If multiple separation codes used, please explain reason: _____

Please attach any written resignation information.

Give Separation Details:

Please include a detailed description of separation for other than lack of work. Include dates of verbal and written warnings, company policy, etc. use additional paper if necessary. If unemployment is being contested please provide as much information regarding separation as possible. CLEAR contests all unemployment claims unless specified otherwise.

Is claimant receiving/has applied for retirement benefits	Yes	No
Was claimant paid for a period after his or her last day or work?	Yes	No
Is separation temporary?	Yes	No

If yes, when is the employee scheduled to return to work: _____

Would you consider re-hiring this employee in the future? Yes No

Would you contest payment of Unemployment Insurance claim? Yes No

If yes, please attach an explanation of why you would contest such a claim.

Completed by: _____ Phone: _____

Signature: _____ Date: _____