



Employee Termination Form

Please fill out and return to your Payroll Specialist

Company Name: _____ Date: _____

Employee Name: _____ Social Security #: _____

Termination Date: _____ Last Date Worked: _____

Reason for Termination:

Voluntary

- Resigned with Notice
- Moved
- Retired
- Resigned without Notice
- Personal

- No Call, No Show
- Labor Dispute
- Job Abandonment
- Relocated
- E-Verify Voluntary

Involuntary

- Poor Performance
- Laid Off
- Violation of Policy
- E-Verify Involuntary
- Transfer Company

Documented Disciplinary Action Prior to Termination (please provide copies):

- Verbal Warning(s)
- Written Warning(s)
- None

Explanation (required):

Copy to: Employee Employee File ProPay Other: _____

Employee Benefits: Health Dental Vision 401(k) Other: _____

Employee Acknowledgement:

My signature indicates that this notice has been discussed with me and that I understand its contents.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Phone: 480.362.1456

Fax: 480.945.1510

www.professionalpayrolls.com