

TERMINATION FORM

Last Name:	First Name:	Middle Initial:	Social Security Number:
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Client Company:	Job Title:	Supervisor:	Last Day of Work:
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Action Taken:

	Retirement
Lay Off Subject to Recall? YES NO	If yes, anticipated date of recall: _____
Client Company Terminating Contract with The Employer Group, Inc.	
Quit	Date Notice Received: _____
Reason Given: _____	
Discharge (please check reason below)	
By Whom: _____ Date Employee Notified: _____	
Was Employee Warned Prior to Discharge?: _____ If yes, attach documentation	
Tardiness / Absenteeism - attach dates and reasons given	Removing, destroying, or using company property without authorization
Violation of safety or health rules	Dishonesty / Theft / Falsification of data
Insubordination	Failure to timely report an accident or injury
Unsatisfactory performance	Incapable of performing job
Falsifying Information to Company	Failure to obtain/maintain required credentials
Making threats of violence	Overstayed Leave of Absence
Working under influence of or possession of alcohol or illegal drugs	Policy violation, specify policy: _____
Possessing weapon at work	Other, please specify: _____
Any additional information: _____ _____ _____	

TO BE COMPLETED BY MANAGER FOR TERMINATED EMPLOYEE:

Final Appraisal	
Rate as Follows: E = Excellent, G = Good, A = Average, F = Fair, P = Poor	
Work Quality: _____	Attendance: _____
Effort: _____	Attitude: _____
Versatility: _____	
Would you recommend this employee for rehire in your company? _____ In another company? _____	
Reason: _____ _____	

Completed by: _____ **Date:** _____

For The Employer Group Use Only:	
Date this form received: _____	By: _____
Date processed by payroll: _____	By: _____
Date processed by benefits: _____	By: _____