

EMPLOYEE TERMINATION

Name of Employee	
Termination Effective Date	<u> </u>
Supervisor Name	
Reg. Hours to be paid on final check	
Vacation Hours to be paid	
Reason for Termination:	
Voluntary Resignation (Check one)	Involuntary Termination (Check one)
Secured better position Dissatisfied (type of work) Dissatisfied (salary) Dissatisfied (supervisor) Dissatisfied (working conditions) Generally dissatisfied Retirement Returned to school Moving out of area Family or personal circumstances In Lieu of Discharge No Reason Given	Absenteeism or Tardiness Failure to Meet Performance Expectations Insubordination Not qualified for the position Gross Misconduct Dishonesty or Theft Job abandonment Death Other
Lay Off:Lack of Work Job Eliminated COVID-19 If lay off is due to COVID-19, specify above.	
Reason for leaving (Supervisor's stateme	ent)
Eligible for Re-hire?	resNo
If no, Explain:	
leasing company. Upon separation from emplo	employee of MyPEO, which is an employee syment, the former employee must call f you make no attempt to contact
Supervisor Signature	Date