

EMPLOYEE SEPARATION FORM

Client Name: _____
 Employee Name: _____ SSN: _____ Position: _____
 State in which Employee Worked: _____ First Day Worked: _____
 Last Day Worked: _____ Client Phone: _____
 Address: _____
 Completed By (PRINT NAME): _____ Date: _____
 Client Signature: _____

Reason For Separation

Place a check next to the reason that most appropriately applies for the separation. Check only one.

Quit	Discharge - (Must give details below)
<input type="checkbox"/> 2 - No Reason Given	Name of person who discharged employee?
<input type="checkbox"/> 3 - Quit (Please explain below)	What was the final incident?
<input type="checkbox"/> 4 - Mutual agreement (not protestable)	Required - attach written warnings and any backup
<input type="checkbox"/> 5 - Failed to return from leave of absence	
<input type="checkbox"/> 6 - Three days unreported absence Give dates:	<input type="checkbox"/> L - Intoxicated on the job (Pinnacle HR Approval)
<input type="checkbox"/> 7 - Accepted other employment	<input type="checkbox"/> M - Left work without permission
<input type="checkbox"/> 8 - To leave area	<input type="checkbox"/> N - Excessive absences & tardiness
<input type="checkbox"/> 9 - Personal	<input type="checkbox"/> O - Fighting on company property
<input type="checkbox"/> B - Transportation problem	<input type="checkbox"/> P - Refused to perform job duties
<input type="checkbox"/> C - Childcare problem	<input type="checkbox"/> Q - Destruction of company property
<input type="checkbox"/> D - Due to medical reasons	<input type="checkbox"/> R - Violation of company policy
<input type="checkbox"/> E - Dissatisfied (Please explain below)	<input type="checkbox"/> S - Insubordination
<input type="checkbox"/> F - Walked off job	<input type="checkbox"/> T - Sleeping on job
<input type="checkbox"/> G - Assignment completed	<input type="checkbox"/> U - Inability to perform job (not protestable)
<input type="checkbox"/> H - Attend school	<input type="checkbox"/> V - Violation of safety rules
<input type="checkbox"/> I - Left to work for another franchise owner	<input type="checkbox"/> X - Improper conduct
	<input type="checkbox"/> Y - Falsification
Lack of Work	
<input type="checkbox"/> J - Lack of work	
<input type="checkbox"/> K - Location closed	

EXPLANATION (PROVIDE DETAILS FOR GROSS MISCONDUCT OR VIOLATION OF WORK RULES BY THE EMPLOYEE)

Submitting Attachments: YES NO (required for terminations)

Provide all supporting performance documents (Counseling Statements) for unemployment purposes.