



NOTICE OF EMPLOYEE TERMINATION

Complete 1) employee information, 2) reason for termination
3) sign, date, attach supporting documentation and return this form to your payroll contact.

1) Complete employee information. (Please Print)

Employee Name _____	Social Security Number _____ - ____ - ____
Job Title _____	Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer / Client Name _____	CSC Name _____
Last Day Worked _____	(Internal Use: ERM ERA PES Company # _____)

2) Reason for Termination - * Include explanation below

<input type="checkbox"/> Voluntary Quit (1)	<input type="checkbox"/> Quit - reason below (B) <input type="checkbox"/> Accepted another job (D) <input type="checkbox"/> Moved (E) <input type="checkbox"/> Personal reason (F) <input type="checkbox"/> Transportation difficulties (G) <input type="checkbox"/> Illness / Medical (H) <input type="checkbox"/> Retirement (I) <input type="checkbox"/> School (L) <input type="checkbox"/> Quit - no reason given (M)	<input type="checkbox"/> Abandoned job / failed to appear or call (a) Date employee notified (mmddyy) _____ <input type="checkbox"/> Dissatisfied/ Company Policies (b) <input type="checkbox"/> Dissatisfied / Salary (c) <input type="checkbox"/> Dissatisfied / Supervisor (d) <input type="checkbox"/> Dissatisfied / Work Conditions (e) <input type="checkbox"/> Dissatisfied / Work Hours (f) <input type="checkbox"/> Failed to return from leave (3) Date employee notified (mmddyy) _____ <input type="checkbox"/> Military* (7)
<input type="checkbox"/> Involuntary Termination (2) (Please include any and all documentation)	<input type="checkbox"/> Excessive tardiness or absenteeism (C) <input type="checkbox"/> Probationary Period – not qualified for job (K) <input type="checkbox"/> Violation of drug / alcohol policy* (N) <input type="checkbox"/> Job Eliminated (P) <input type="checkbox"/> Destruction of company property (Q) <input type="checkbox"/> Violation of company policy (R) <input type="checkbox"/> Misconduct / Insubordination* (S) <input type="checkbox"/> Sleeping on the job (T) <input type="checkbox"/> Deliberate unsatisfactory performance* (U) <input type="checkbox"/> Theft / Dishonesty* (V)	<input type="checkbox"/> Violation of safety rule* (W) <input type="checkbox"/> Fighting on the job (Y) <input type="checkbox"/> Falsifying documents (Z) <input type="checkbox"/> Failure to attain or maintain license (g) <input type="checkbox"/> Lack of effort / unsatisfactory performance* (h) <input type="checkbox"/> Not qualified for job / inability to perform (i) <input type="checkbox"/> Other* (j) <input type="checkbox"/> Deceased (4) <input type="checkbox"/> Lack of work (5) <input type="checkbox"/> Job refused (6)

Explanation / Events leading to separation _____

3) Sign, date, attach supporting documentation and return completed form to your payroll contact.

Employer / Client Signature _____	Date ____/____/____
Printed Name and Title _____	