



**EMPLOYEE TERMINATION FORM**

Employee Name \_\_\_\_\_

Date of Termination \_\_\_\_\_

Reason for Termination (check one):

Voluntary

Involuntary

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Eligible for rehire?     Yes     No

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date