

## EMPLOYEE INVOLUNTARY TERMINATION REPORT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Job Title: \_\_\_\_\_ Red ID No.: \_\_\_\_\_

Term Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

### REASON FOR TERMINATION

<b>GENERAL</b>	<b>DISMISSAL FOR CAUSE</b>
<input type="checkbox"/> Reduction In Force (Permanent) <input type="checkbox"/> Temporary Layoff — Subject To Recall _____ <input type="checkbox"/> Unable To Meet Job Requirements <input type="checkbox"/> Other (Provide thorough details below)  <p style="text-align: center;">Check If Employee Was In The Following Category:</p> <input type="checkbox"/> Full-Time Employee <input type="checkbox"/> Part-Time Employee	<p style="text-align: center;">Give Detailed Explanation Below</p> <input type="checkbox"/> Insubordination <input type="checkbox"/> Refusal To Follow Instructions <input type="checkbox"/> Falsification Of Employment Records <input type="checkbox"/> Absenteeism/Tardiness <input type="checkbox"/> Intoxication (Alcohol/Drugs) <input type="checkbox"/> Violated Established Company Rule <input type="checkbox"/> Dishonesty/Theft <input type="checkbox"/> Other Misconduct (Specify) _____ _____
<p>GIVE COMPLETE DETAILS:</p>	<p style="text-align: center;">I have read, understand and acknowledge receipt of a copy of this document.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Employee Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p><input type="checkbox"/> Employee Refused To Sign  <input type="checkbox"/> Employee Unavailable For Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Supervisor Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Area Director Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>