

Employee Separation Form

Employee: _____ Date: _____

Position: _____ Start Date: _____

Email: _____ Phone: _____

Address: _____

Voluntarily left due to: New position Relocation/Transfer Medical Condition School

Conflict with superior/coworker/schedule/pay: _____

Retirement Personal Other: _____

Involuntarily left due to: Tardiness Absenteeism Insubordination Unsatisfactory Work

Job eliminated/changed Lack of Work Disability

Other _____

Explanation: _____

Separation is: Temporary Permanent
Is the employee eligible for rehire? Yes No If no, why not: _____
Insurance Cobra Yes No

Remember, you still have an active Non-Disclosure of Confidential Information agreement form that states:
The Employee shall not, at any time, during or following his or her employment by the Company, directly or indirectly, divulge or disclose, for any purpose whatsoever, any of such confidential information which has been obtained by or disclosed as a result of Employee's employment and position with the Company.

Employee Signature

Date

Employer Signature

Date