

EMPLOYMENT TERMINATION FORM

PLEASE CLEARLY TYPE OR PRINT THE REQUESTED INFORMATION. YOU MUST COMPLETE A SEPARATE FORM FOR EACH EMPLOYEE YOU WISH TO TERMINATE.

EMPLOYEE NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (____) _____

DATE OF TERMINATION: ____/____/____

CHECK ONE:

VOLUNTARY

INVOLUNTARY

IS THIS EMPLOYEE ELIGIBLE FOR FUTURE EMPLOYMENT AT THIS COMPANY?

YES NO

DID THIS EMPLOYEE RETURN HIS/HER ISSUED UNIFORM?

YES NO

EMPLOYEE SIGNATURE

DATE SIGNED

MANAGER'S SIGNATURE

DATE SIGNED

WITNESS' SIGNATURE

DATE SIGNED