



EMPLOYEE SEPARATION FORM
(Please Submit to the Payroll Department ASAP)
(480)-993-2653

Employee Name	Employee Social Security Number
Today's Date	Last day worked
Supervisor's Signature	Supervisor's Title

Answer appropriate question(s), check appropriate reason(s) and explain fully in the remarks section.

INVOLUNTARY DISCHARGE (explain all reasons)

Was employee subjected to disciplinary action prior to termination? Yes _____ No _____ *if Yes, explain in the Remarks Section the dates and nature of prior disciplinary action(s).*

Mark appropriate reason(s) below and explain in Remarks Section when requested.

- | | |
|--|--|
| <input type="checkbox"/> Unauthorized possession of Company property (explain fully) | <input type="checkbox"/> Excessive unexcused absences (reported?) |
| <input type="checkbox"/> Insubordination (explain how employee was insubordinate) | <input type="checkbox"/> Falsification of records (explain) |
| <input type="checkbox"/> Use, possession or under influence of drugs or alcohol (explain) | <input type="checkbox"/> Willful failure to perform job (explain) |
| <input type="checkbox"/> Malicious damage of Company property (explain) | <input type="checkbox"/> Violation of conditions of employment (explain) |
| <input type="checkbox"/> Rudeness to customers (explain) | <input type="checkbox"/> Not qualified for job – no misconduct |
| <input type="checkbox"/> Violation of Company Rule (explain rule and how rule was violated) | <input type="checkbox"/> Unacceptable performance (misconduct) (explain) |
| <input type="checkbox"/> Physical inability to perform job (explain fully) | <input type="checkbox"/> Layoff due to reorganization |
| <input type="checkbox"/> Layoff due to lack of work | <input type="checkbox"/> Layoff due to location closing |
| <input type="checkbox"/> Death of Employee | <input type="checkbox"/> End of assignment |
| <input type="checkbox"/> Other (explain fully; attach additional page if more space is needed) | |

VOLUNTARY QUIT

Did employee give notice? _____ Yes _____ No If Yes, length of notice. _____ Days Was Resignation given in writing? _____ Yes _____ No

Mark appropriate reason(s) below and explain in Remarks Section when requested.

- | | |
|--|---|
| <input type="checkbox"/> To seek/accept other employment – dissatisfied with job (explain) | <input type="checkbox"/> To seek/accept other employment – more money |
| <input type="checkbox"/> To seek/accept other employment – better opportunity (explain) | <input type="checkbox"/> To seek/accept other employment – other reasons (explain) |
| <input type="checkbox"/> Pregnancy (was leave requested – explain) | <input type="checkbox"/> Failure to return from leave of absence |
| <input type="checkbox"/> To leave geographic area (explain reason) | <input type="checkbox"/> To attend school |
| <input type="checkbox"/> Transportation difficulties (explain) | <input type="checkbox"/> Personal reasons unrelated to job (explain) |
| <input type="checkbox"/> Mental or physical condition (explain any facts known) | <input type="checkbox"/> Other – (explain fully; attach 2 nd page if more space is needed) |

Please contact Vensure Employer Services as soon as possible so that final paycheck(s) may be distributed within the required time period. It is imperative that this form be completed in order to complete the employee's personnel file; cancel insurance coverage and offer COBRA, if eligible. Thank you for your attention to this matter.