PROLINE Machining

EMPLOYEE TERMINATION REPORT

Employee Last Name _____ Employee First Name _____ Middle Initial _____

Job Title: _____ Date of Birth: _____

Date Emp: _____ Rate of Pay: _____ Termination Date: _____ Last Day Worked: _____

VOLUNTARY RESIGNATION

- ☐ TO LOOK FOR OTHER EMPLOYMENT
- ☐ TO ACCEPT ANOTHER POSITION *(JOB READY & WAITING)*
- ☐ DISSATISFACTION WITH JOB/SALARY
- ☐ CHANGE IN RESIDENCE
- ☐ MEDICAL/HEALTH REASONS
- ☐ TRANSPORTATION PROBLOM
- ☐ TO ATTEND SCHOOL
- ☐ PERSONAL REASONS (*EXPLAIN*)
- ☐ ABANDONED POSITION (*EXPLAIN*)
- ☐ FAILED TO RETURN FROM LEAVE OF ABS.
- ☐ OTHER VOLUNTARY REASON (*EXPLAIN*)

GENERAL

- ☐ REDUCTION IN FORCE (*PERMANENT*)
- ☐ TEMPORARY LAYOFF -- SUBJECT *TO RECALL* _____
- ☐ HEALTH REASONS (*EXPLAIN*)
- ☐ ASKED TO RESIGN (*EXPLAIN*)
- ☐ UNABLE TO MEET JOB REQUIREMENTS
- ☐ OTHER (*EXPLAIN THOROUGHLY*)

CHECK IF EMPLOYEE WAS IN THE FOLLOWING CATEGORY:

- ☐ PART TIME EMPLOYEE
- ☐ SCHOOL EMPLOYEE -- WITH REASONABLE ASSURANCE OF RESUMPTION OF EMPLOYMENT
- ☐ STUDENT

DISMISSAL FOR CAUSE

GIVE DETAILED EXPLAINATION BELOW

- ☐ INSUBORDINATION
- ☐ REFUSAL TO FOLLOW INSTRUCTIONS
- ☐ FALSIFICATION OF APPLICATIONS OR RECORDS
- ☐ ABSENTEEISM/TARDINESS
- ☐ INTOXICATION (*ALCOHOL/DRUGS*)
- ☐ VIOLATED ESTABLISHED COMPANY RULES
- ☐ DISHONESTY/THEFT
- ☐ OTHER MISCONDUCT (*SPECIFY*)

	YES	*NO*
WAS LEAVE OF ABSENCE REQUESTED?	☐	☐
WAS LEAVE AVAILABLE?	☐	☐
WAS LEAVE GRANTED?	☐	☐
WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS TERMINATION? IF YES, PLEASE EXPLAIN.	☐	☐
IS EMPLOYEE ELIGIBLE FOR REHIRE?	☐	☐

GIVE COMPLETE DETAILS:

I wish to voluntarily terminate my employment, effective:

_____
Date

_____
Employee Signature

I have read, understand and acknowledge receipt of a copy of this document.

_____
Employee Signature

Date: _____

☐ Employee refused to sign.

☐ Employee unavailable for signature, copy mailed.

For: _____
Company Name

_____
Signature

_____
Title or Position

Date: _____

Phone: _____