**EMPLOYEE TERMINATION/LEAVE FORM**

| Employee Name: | | | | | |
| --- | --- | --- | --- | --- | --- |
| Job Title: | | | | | |
| Department: | | | | | |
| Manager: | | | | | |
| Termination Date: | | | | | |
| Reason for Termination/Leave | | | | | |
| Voluntary | | | Involuntary | | |
| [ ] | Another Position | | [ ] | Illness or Injury Attendance | |
| [ ] | Personal Reasons | | [ ] | Violation of Company Policy | |
| [ ] | Relocation | | [ ] | Lay Off | |
| [ ] | Retirement | | [ ] | Reorganization | |
| [ ] | Return to School | | [ ] | Position Eliminated Strike or Lockout | |
| [ ] | Other | | [ ] | Other | |
| EFFECTIVE DATE OF TERM/LEAVE YYYY/MM/DD | | LAST DAY WORKED  YYYY/MM/DD | RETURN DATE  YYYY/MM/DD | | ELIGIBLE FOR REHIRE (IF TERMINATED)  YES [ ] NO [ ] |
| Comments: | | | | | |
|  | | | | | |

Employee's Signature

Interviewer's Signature

Date