

Record of Termination

Employee Name: _____ Date: _____
 Worksite Employer: _____ Company Code: _____
 TS File #: _____ Benefits Class Code: _____
 Rate of Pay: _____ Paygroup: _____ ☐ Full Time ☐ Part Time
 Hire Date: _____ Last Day Worked: _____ Separation Date: _____

VOLUNTARY RESIGNATION:

(Attach letter of resignation and check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Job Abandonment |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Dissatisfied With Job | <input type="checkbox"/> No Reason Given |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> To Accept Other Work | <input type="checkbox"/> In Lieu Of Discharge |

INVOLUNTARY TERMINATION:

(Circle the primary triggering incident for the involuntary termination and check other reasons as appropriate.)

- | | |
|--|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Failure to Meet Performance Expectations. |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Disregard for co-workers/customers/clients |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Violation of Company Policies/Rules |
| <input type="checkbox"/> Not qualified for the position | <input type="checkbox"/> Failed Evaluation Period |
| <input type="checkbox"/> Gross Misconduct (e.g., assault, embezzlement, destruction of company property) | |

Explain: _____

☐ Other: _____

LAY OFF:

- ☐ Lack of Work ☐ Job Eliminated

DOCUMENTATION:

- ☐ Attach all documentation, written warnings, incident notes, dates, witnesses, and explanations to clarify and support termination decision
☐ No documentation available

UPON SEPARATION, INDICATE WHETHER THE EMPLOYEE DID OR WILL RECEIVE ANY OF THE FOLLOWING:

Compensation Type	Date To Be Paid	Period Covered	Amount Paid (Gross)
Vacation			
Severance			
Wages in lieu of notice			
Sick			

Address to which W2 should be mailed: _____

DID YOU FOLLOW ADP TOTALSOURCE'S HUMAN RESOURCES RECOMMENDATION? ☐ Yes ☐ No

If yes, state the person's name: _____

Worksite Employer Signature: _____ Date: _____

For ADP TotalSource Use Only:

Processed by: _____ Date: _____