

Fresh Direct
TERMINATION AND SEPARATION NOTICE & EQUIPMENT DOCUMENT

1 First Name _____ Middle Name _____ Last Name _____
SS# _____ Job Title _____ Department _____

2 **SEPARATION** Effective Date _____ Last Day Worked _____

Type of Separation: (WRITTEN RESIGNATION LETTER OR EMAIL MUST BE ATTACHED)

☐ Resignation WITH (2 week) Notice ☐ Resignation WITHOUT Notice

3 **TERMINATION** Effective Date _____ Last Day Worked _____

Reason for Termination: (MUST BE ACCOMPANIED BY SUPPORTING DOCUMENTATION- see Documentation Checklist)

<input type="checkbox"/> Breach of Confidentiality	<input type="checkbox"/> Theft	<input type="checkbox"/> Elimination of Position
<input type="checkbox"/> Failure to Follow Co Pol & Procedures	<input type="checkbox"/> Unable to provide valid work authorization	<input type="checkbox"/> Layoff – Staff Reduction
<input type="checkbox"/> Falsification of Document	<input type="checkbox"/> Violation of Drug & Alcohol Policy	<input type="checkbox"/> Poor Job Performance
<input type="checkbox"/> Job Abandonment	<input type="checkbox"/> Violation of Harassment Policy	
<input type="checkbox"/> Mishandling Co Property/Funds	<input type="checkbox"/> Violation of I.T. Computer User Policy	
<input type="checkbox"/> Poor Attendance	<input type="checkbox"/> Violation of Sexual Harassment Policy	
<input type="checkbox"/> Refusal to Follow Direct Order	<input type="checkbox"/> Violation of Workplace Violence Policy	

☐ Other (Must give explanation below)

4

<input type="checkbox"/> Keys	<input type="checkbox"/> Dept Issued Equipment	<input type="checkbox"/> Lock	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Cell Phone/Blackberry
<input type="checkbox"/> Laptop	<input type="checkbox"/> Employee ID Card	<input type="checkbox"/> Petty Cash	<input type="checkbox"/> Parking Tags	<input type="checkbox"/> VPN Token
<input type="checkbox"/> IT Notified to Disable Computer Access	<input type="checkbox"/> Other (describe) _____			

The employee has turned into me the items checked above, and I have returned the items checked above to the appropriate department.

Mgr Signature: _____

5 **Benefits Reconciliation: (TO BE FILLED OUT BY BENEFITS ADMINISTRATOR)**

IS THIS EMPLOYEE ELIGIBLE FOR PTO PAYMENT (circle one) YES or NO If no, proceed to Section 6.

☐ PTO Days Earned _____ ☐ PTO Days (# of) due to employee MAX 10 days _____

☐ PTO Days already paid out _____ ☐ Stock Options Vested _____

Termination or Separation Approval:

6

Supervisor/ Manager	_____	Date	_____
Primary HR Signature	_____	Date	_____
Secondary HR Signature	_____	Date	_____

HR and Payroll Use Only:

ID # _____

☐ Employee Terminated in ADP

☐ Last Day of Benefits _____

Employee being deducted for:

☐ Medical \$ _____

☐ Dental \$ _____

☐ TransitChek

☐ Aflac

☐ Union Dues

☐ Union Medical

☐ Fidelity

☐ Employee Terminated in Kronos

Employee dis-enrolled at benefits site:

☐ Medical

☐ Dental

☐ TransitChek

☐ Aflac

☐ Union Dues

☐ Union Medical

☐ Fidelity

☐ FD Employee Discount (App Dev)

☐ FD Investor Relations

☐ Employee File Pulled

☐ Employee Medical File Pulled

☐ Employee Files Scanned to Z Drive

☐ Info sent to TALX

_____ TALX Separation Code

☐ HandScan ID turned off

☐ I-9 Form Filed in Active Binder

Processed By: _____

Date: _____

Final Sign off (Benefits Mgr or Dir of HR Services Only) _____

Date: _____