Termination Record

Employee Name Date of Hire

|  |  |  |
| --- | --- | --- |
|  |  |  |

Current Position

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| --- |
|  |

 [ ]  Full Time [ ]  Part Time

Last Day Worked Separation Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Voluntary Resignation**

Attach letter of resignation and check all that apply

[ ]  Personal Reasons [ ]  Job Abandonment [ ]  Return to School [ ]  Relocation

[ ]  Job Dissatisfaction [ ]  In Lieu of Discharge [ ]  Other Job Offer [ ]  Retirement

[ ]  No reason given

**Involuntary Resignation**

Select the primary reason for termination.

[ ]  Absenteeism [ ]  Tardiness [ ]  Insubordination [ ]  Lack of Work

[ ]  Unqualified [ ]  Job Eliminated [ ]  Failed Evaluation Period

[ ]  Failure to meet performance expectations [ ]  Disregard for co-workers/patients

[ ]  Violation of practice policy/procedures/rules

**Gross Misconduct**

Specify incidents of assault, embezzlement, destruction of practice property, etc.

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| --- |
|  |

**Documentation**

Attach all documentation, written warnings, incident reports, witnesses, dates, and explanations to clarify and support termination decision.

**Separation Compensation**

Upon separation, indicate whether the employee did or will receive any of the following forms of compensation.

[ ]  **Vacation pay**

Period Covered Gross Amount Paid

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| --- | --- | --- |
|  |  |  |

[ ]  **Sick pay**

Period Covered Gross Amount Paid

|  |  |  |
| --- | --- | --- |
|  |  |  |

[ ]  **Severance pay**

Period Covered Gross Amount Paid

|  |  |  |
| --- | --- | --- |
|  |  |  |

Mailing address to send W2

|  |
| --- |
|  |

Employer Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Witness Signature

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