Termination Record

Employee Name Date of Hire

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| --- | --- | --- |
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Current Position

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|  |

Full Time  Part Time

Last Day Worked Separation Date

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

**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

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| --- | --- | --- |
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Mailing address to send W2

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Employer Signature Date

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| --- | --- | --- |
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Witness Signature

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