



Separation Notice

EMPLOYEE INFORMATION: (To be completed by Employee's supervisor)

Employee Name: _____ Worksite Employer _____

Hire date: _____ Last day worked: _____ Separation Date: _____

Names of persons present for the separation meeting: _____

SEPARATION DETAILS:

VOLUNTARY RESINATION	INVOLUNTARY TERMINATION
<input type="checkbox"/> Better job	<input type="checkbox"/> Layoff
<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Unsatisfactory Performance
<input type="checkbox"/> Returned to School	<input type="checkbox"/> No Show- No Call
<input type="checkbox"/> Marriage	<input type="checkbox"/> Absenteeism
<input type="checkbox"/> Health	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Other: please explain	<input type="checkbox"/> Other: Please explain

Note: All involuntary terminations except layoff will normally have documents from meetings prior to the termination. Please forward copies of those documents with this form if they have not already been forwarded. Use other side or new sheet if additional space is required.

FINAL EMPLOYEE EVALUATION:

	<u>Exceeds Standards</u>	<u>Meets Standards</u>	<u>Below Standards</u>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rehire? Yes No

If no, please explain :

Employee: _____ Date: _____

Partners HR: _____ Date: _____