

Employee Termination Form

Name: _____ Effective date: ___/___/___

Position: _____ Location: _____

Department: _____ Hire date: ___/___/___

Resigned (Voluntary)

Reason (s): _____

**Please attach resignation letter; an email is sufficient*

Employee Signature: _____ Date: _____

Discharged (Involuntary)

Reason (s): _____

**Please attach any supporting documents (i.e., written warnings)*

Signatures

Program Director: _____ Date: _____

Coordinator: _____ Date: _____

Human Resources Director: _____ Date: _____

Chief Operating Officer: _____ Date: _____