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## TERMINATION OF EMPLOYMENT FORM

This form is to be completed by the employment supervisor when an employee terminates employment for any reason. Complete form completely and fax/send to **Teamworks** immediately.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Employee Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TEAMWORKS USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Department: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Company Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date entered: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Entered by: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| When an employee <b>RESIGNS</b> from employment, please request a written letter of resignation from the employee and attach it to this form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | An employee must be <b>TERMINATED</b> based on company or employment supervisor's decision. Attach copies of employee interviews, warnings, and probation notices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Check the appropriate box(es) below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Check the appropriate box(es) below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> 1 Voluntary Resignation ..... 0400<br><input type="checkbox"/> 2 Medical Reasons ..... 2600<br><input type="checkbox"/> 3 Retired ..... 0000<br><input type="checkbox"/> 4 Returned to School ..... 2500<br><input type="checkbox"/> 5 Dissatisfied with Working Conditions ..... 2130<br><input type="checkbox"/> 6 Abandoned Job ..... 0100<br><input type="checkbox"/> 7 Accepted Another Job Offer ..... 1400<br><input type="checkbox"/> 8 Death ..... 8500<br><input type="checkbox"/> 9 Restructure/Position Change ..... 0930<br><input type="checkbox"/> 10 Resigned for Personal Reasons ..... 1600<br><input type="checkbox"/> 11 Relocated away from Work Location ..... 1500<br><input type="checkbox"/> 12 Voluntary Personal Leave of Absence ..... 7250<br><input type="checkbox"/> 13 No Reason Given ..... 0300<br><input type="checkbox"/> 14 Walked Off Job ..... 2200<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17<br><input type="checkbox"/> 18 Other: _____ . 5200 | <input type="checkbox"/> A Layoff - Permanent ..... 7650<br><input type="checkbox"/> B Layoff - Seasonal Employment ..... 7630<br><input type="checkbox"/> C Layoff - Location closed ..... 7640<br><input type="checkbox"/> D Excessive Absenteeism ..... 4000<br><input type="checkbox"/> E Excessive Tardiness ..... 3700<br><input type="checkbox"/> F Theft of Company Property ..... 5300<br><input type="checkbox"/> G Work Performance ..... 5100<br><input type="checkbox"/> H Unable to get along with co-workers ..... 5600<br><input type="checkbox"/> I Under influence of alcohol or drugs ..... 3100<br><input type="checkbox"/> J Restructure/Position Eliminated ..... 7620<br><input type="checkbox"/> K Falsifying Time sheet ..... 5800<br><input type="checkbox"/> L Insubordination (Documentation required) . 4900<br><input type="checkbox"/> M Destruction of Company Property ..... 4600<br><input type="checkbox"/> N Sexual Misconduct ..... 5700<br><input type="checkbox"/> O Repeated Violation of Company Policies .. 4800<br><input type="checkbox"/> P Failed Drug Screen ..... 4860<br><input type="checkbox"/> Q Transferred to another location ..... 6600<br><input type="checkbox"/> R Other: _____ . 5200 |
| <input type="checkbox"/> <b>A letter of resignation is attached.</b><br><input type="checkbox"/> <b>Employee declined providing a letter.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Is this employee eligible for rehire?</b><br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

Date of termination: \_\_\_\_\_ Last day worked: \_\_\_\_\_

Final Pay due to employee:       Employee has received final pay.  
 Hourly: Reg \_\_\_\_\_ (hrs) OT \_\_\_\_\_ (hrs) Job Code: \_\_\_\_\_  
 Salary or Commission \$ \_\_\_\_\_  
 Vacation, severance, or sick pay: \_\_\_\_\_ (hrs) or \$ \_\_\_\_\_  
 Any Deductions (Specify): \$ \_\_\_\_\_

Final pay check delivery:       Mail to Employee                       Employee to pickup at Teamworks  
 Mail to Supervisor                       Supervisor to pickup at Teamworks  
 Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Employment Supervisor

\_\_\_\_\_  
 Date