Employee Termination Form

*Please fill out and return to your Payroll Specialist*

Company Name: Date: Employee Name: Social Security #: Termination Date: Last Date Worked:

# Reason for Termination:

|  |  |  |
| --- | --- | --- |
| **Voluntary** |  | **Involuntary** |
| Resigned with Notice | No Call, No Show | Poor Performance |
| Moved | Labor Dispute | Laid Off |
| Retired | Job Abandonment | Violation of Policy |
| Resigned without Notice | Relocated | E-Verify Involuntary |
| Personal | E-Verify Voluntary | Transfer Company |

**Documented Disciplinary Action Prior to Termination (please provide copies):**

Verbal Warning(s) Written Warnings None

# Explanation (required):

**Copy to:**

Employee

Employee File

National PEO

Other:

# Employee Benefits

Health

Dental

Vision

401(k)

Other:



# Employee Acknowledgement:

My signature indicated that this notice has been discussed with me and that I understand its contents.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
| Supervisor Name: |  | Title: |  |

**Phone: 480.429.8098 Fax: 480.945.1525** [**www.nationalpeo.com**](http://www.nationalpeo.com/)

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