

Termination/Separation Report

Return by fax: 317.469.4700 or scan and email to payroll@aspirecpas.com

Employee Information	Client Information
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Employee Name: _____	Company Name: _____
Social Security #: _____	Notice Given By: _____
Job Title: _____	
E-mail Address: _____	

Termination/Separation Information

Last Day Worked: _____ Date of Last Check: _____

Severance Pay No Yes - \$ _____ ****MUST BE ENTERED ON TIMESHEET****
CONTACT HR DIRECTOR FOR SEVERANCE AGREEMENT

PTO Pay Out No Yes - \$ _____ ****MUST BE ENTERED ON TIMESHEET****
AVAILABLE PTO MUST BE PAID UNLESS HANDBOOK POLICY STATES OTHERWISE

VOLUNTARY QUIT	INVOLUNTARY TERMINATION
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- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Other Employment | <input type="checkbox"/> Poor Job Performance | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Personal Reason | <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Excessive Absence/Tardy | <input type="checkbox"/> Reduction in Workforce |
| <input type="checkbox"/> Moving from Area | <input type="checkbox"/> Job Abandonment | <input type="checkbox"/> Failed to Report to Work | <input type="checkbox"/> Client Quit |
| <input type="checkbox"/> Disliked Work Conditions | | <input type="checkbox"/> Violation of Company Policy | |

Details of Termination: _____

USE BACK SIDE OF FORM IF ADDITIONAL SPACE IS NEEDED

If the termination was involuntary, were warnings given? No Yes When _____ How _____
(Please retain copies of written warnings and documentation of verbal warnings.)

Is the Individual Eligible for Rehire? No Yes

NOTICE: By signing below, employee acknowledges that the reason for termination (if any) has been discussed between management and him/herself. If employee disagrees with the reason for termination, he/she may use the reverse side of this form or a separate paper listing the reason(s) for disagreement.

Employee Signature	Date
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Manager Signature	Date
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