

ALLSTAFF PAYROLL

2101 N 9th Ave
Pensacola, FL 32503
Phone (850) 434-6708 Fax (850) 432-5724

Termination Report

Immediately upon termination of an employee, this form **MUST** be fully completed and forwarded to the address above.

Client Name _____
Client Address _____

Employee Name _____
Social Security # _____

Severance Pay (Based on Tenure)
Amount _____

Position _____

First Day Worked _____

Last Day Worked _____

Wages in Lieu of Notice
Amount _____

Period From _____ to _____

Period From _____ to _____

Reason for Termination (Mark Appropriate Box)

Discharge

- Violation of company policy
- Excessive tardiness or absences
- Misconduct, insubordination, etc
- Deliberate unsatisfactory performance
- Unsatisfactory work performance during 90 Day
- Not qualified for job/inability
- Falsified records
- Physical Condition**
- Refused to follow instructions
- Unfit condition to work
- Immoral conduct
- Refused transfer
- Permanent lack of work
- Temporary lack of work
- Chemical dependence
- Incarcerated (in jail)
- Theft/stealing from client
- Not abiding by safety rules

Voluntary Quit

- Quit without reason
- Voluntarily quit (explain)
- To seek other employment
- To accept other employment
- Dissatisfaction with job, salary, hours, duties, etc.
- To get married
- Personal
- Moved/left area
- To attend school
- Physical Condition**
- Pregnancy
- Transportation difficulty
- Voluntary retirement
- Abandoned job
- Failed to return from Leave of Absence

Other Separation

- Compulsory retirement
- Authorized Leave of Absence
- Job refusal
- Failed license exam
- Failed to take exam
- Loss of license
- Failed to extend Leave of Absence
- Other (explain)

** If Physical Condition is marked, please complete the following:

A. Claimant is receiving Workers' Compensation _____ Yes or _____ No

Explanation on any reason marked above:


P A Y R O L L

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Employee Warning Report

Must be completed at the time of employee warning and sent to our office.

Company Name: _____

Employee Name: _____

Employee SS#: _____ Warning Date: _____

Type of Violation

_____ Attendance _____ Carelessness _____ Disobedience

_____ Safety _____ Tardiness _____ Work Quality

_____ Other

Comments

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Copy to: _____ Employee _____ Employee File

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Payroll Deduction Authorization

I _____ hereby authorize Allstaff Payroll, Inc. to deduct \$ _____ *

Employee Name

for _____ out of my paycheck.

Description of deduction

Upon termination I authorize Allstaff Payroll, Inc. to deduct any remaining balance due from my last payroll check.

Employee Signature

Date

*

Start Date: _____

Total Amount Due: \$ _____

Deduct Full Amount

Deduct \$ _____ every pay period



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Employee Direct Deposit Authorization Form

In order to receive automatic deposits, please complete the following information. For new enrollees and employees changing accounts, you must attach a voided personal check, if a savings deposit, please provide proper routing number. Print clearly using a pen.

Employer Information:	Company Name	
Employee Information:	Employee Name	Soc. Sec. #
	Street Address	
	City/State/Zip	Phone #
Check One:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Institution <input type="checkbox"/> Chancel Participation	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/Zip	Deposit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/Zip	Deposit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	

FOR NEW ENROLLMENTS AND CHANGES, A VOIDED CHECK MUST ME ATTACHED TO THIS FORM. (TO VERIFY ROUTING/TRANSIT NUMBERS)

I (we) hereby authorize Allstaff Payroll, Inc., to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated below and the Financial Institution named above to credit and/or debit the same to such account. If I become subject to any attachment, garnishment, or levies, my participation in Direct Deposit may be terminated, and I will receive a check for my pay. In the event of an employee termination, the final pay may be a physical check.

In order to cancel, you MUST provide written notice to Allstaff Payroll, Inc. prior to payroll run with your name, SSN, and signature with the request to cancel.

Allstaff Payroll, Inc. will send Direct Deposits to arrive on your check date. Allstaff Payroll, Inc. assumes no responsibility for when your banking institution credits funds to your account and reserves the right to override this authorization in accordance with your work site agreement.

Employee Signature _____

Date _____