



2101 North 9th Avenue
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 forward to the address above.

Client Name, Employee Name, Client Address, Social Security#, Position, First Day Worked, Last Day Worked, Severance Pay, Wages in Lieu of Notice

Reason for Termination (Circle Appropriate Box)

Discharge

- [] Violation of Company Policy
[] Excessive Tardiness or absences
[] Misconduct, Insubordination, etc.
[] Deliberate unsatisfactory performance
[] Unsatisfactory work performance in 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
[] Theft/Stealing from Client
[] Not Abiding by Safety Rules

Voluntary Quit

- [] Quit without no reason
[] Voluntary 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 circled above:

Blank lines for explanation