

# EMPLOYEE SEPARATION FORM

_____ Employee Name	_____/_____/_____ First Day Worked
_____-_____-_____ Social Security Number	_____/_____/_____ Last Day Physically Worked
_____ Position/Job Title	\$ _____ Rate of Pay
_____/_____/_____ Date Separated From Company	

**RESIGNED**

<input type="checkbox"/> Abandoned Job	<input type="checkbox"/> Transportation
<input type="checkbox"/> To Accept Other Work	<input type="checkbox"/> Working Conditions
<input type="checkbox"/> Hours of Work	<input type="checkbox"/> Job Dissatisfaction (see remarks)
<input type="checkbox"/> Marriage	<input type="checkbox"/> Did Not Return From Leave
<input type="checkbox"/> Illness or Injury	<input type="checkbox"/> Did Not Return From Lay-Off
<input type="checkbox"/> Return to School	<input type="checkbox"/> Unable to Find Child Care
<input type="checkbox"/> Moved From Area	<input type="checkbox"/> Other (see remarks)

<input type="checkbox"/> Lack of Work	<input type="checkbox"/> Labor Dispute	<input type="checkbox"/> Leave of Absence From _____ To _____
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**DISCHARGED**

<input type="checkbox"/> Warning Given	Yes <input type="checkbox"/> Verbal [dates(s)] _____/_____/_____
	No <input type="checkbox"/> Written [dates(s)] _____/_____/_____

<input type="checkbox"/> Misconduct	<input type="checkbox"/> Dishonesty (signed statement?)
<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Violation of Company Rules
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Falsified Application
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Other (explain in remarks below)

**REMARKS:**

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_____	_____	_____/_____/_____
Employer	Pastor / Principal / Administrator	Date
(____) _____	(____) _____	
Phone Number	Fax Number	

**ATTACH ANY NECESSARY DOCUMENTATION**

SEND COPY TO: DeGroot Management Services \*\* PO Box 502 \*\* Syracuse NY 13214-0502  
(800)295-6666

Revised 05/08