

# Termination Form

ASSOCIATE: \_\_\_\_\_ SOC. SEC.NO. \_\_\_\_\_

CLOCK NO: \_\_\_\_\_ SENIORITY DATE: \_\_\_\_\_

STORE NAME & NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ JOB CLASSIFICATION: \_\_\_\_\_

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## REASON FOR TERMINATION

- LAY OFF REASON: \_\_\_\_\_
- VOLUNTARY QUIT \_\_\_\_\_
- DISCHARGE IF VOLUNTARY QUIT,
- OTHER ASSOCIATE'S SIGNATURE: \_\_\_\_\_

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## CLEARANCE CHECKS:

N/A REC'D

- TIME CLOCK ID CARD
- UNIFORM(S)
- EQUIPMENT
- INSURANCE CARDS
- COBRA
- OTHER \_\_\_\_\_

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LAST DAY WORKED: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_\_

VACATION PAY RECEIVED: \_\_\_\_\_

OTHER PAY RECEIVED: \_\_\_\_\_

INSURANCE COVERAGE THROUGH: \_\_\_\_\_ TERM CODE: \_\_\_\_\_

MAIL LAST CHECK NEW MAILING ADDRESS: \_\_\_\_\_

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ELIGIBLE FOR REHIRE?  YES  NO

COMMENTS: \_\_\_\_\_  
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