



ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

EMPLOYEE SEPARATION FORM

Revised November 2011

Company Name _____

Employee Name _____

SSN _____ - _____ - _____

Last Day Worked _____ / _____ / _____

YES NO Employee separation within ninety (90) day probationary period?

INVOLUNTARY

Laid Off for:

Lack of Work

Other _____

Discharged for:

Inability to Perform Work

Misconduct-Please provide documentation

Unsatisfactory Work Performance

Other _____

Refused Offer of Work

Suspended

From _____ / _____ / _____ to _____ / _____ / _____

Other _____

VOLUNTARY

Quit With Notice

Moved

Personal

Found Other Work

Other _____

Quit Without Notice

Leave of Absence

From _____ / _____ / _____ to _____ / _____ / _____

Other _____

EXPLANATION

Please use this area to give details of separation reason(s)

Employee Signature

If applicable

Date _____ / _____ / _____

Supervisor Signature

Date _____ / _____ / _____

For Office Use Only

Client/Employee# _____ - _____

DEDS _____ DD _____

SUMMIT _____ LTR _____

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