



TERMINATION NOTICE



EMPLOYEE: _____ LAST 4 DIGITS OF SSN: _____
 EMPLOYER/ADDRESS: _____ PHONE: _____
 TERMINATION DATE: _____ (AM) (PM) 20 _____ HOURS WORKED: _____
 FINAL PAY PERIOD: _____ PROJECT NAME/JOB No.: _____

REASON FOR TERMINATION

Voluntary Quit

LAYOFF

- | | |
|---|--|
| <input type="checkbox"/> Reduction of Workforce | <input type="checkbox"/> Shutdown Due to Weather |
| <input type="checkbox"/> Does Not Meet Qualifications | <input type="checkbox"/> Job Completed |
| <input type="checkbox"/> Other: _____ | |

DISCHARGE

- | | |
|--|--|
| <input type="checkbox"/> Unsatisfactory Work Performance | <input type="checkbox"/> Harassing, Coercing or Using Insulting or Abusive Language Toward Other Employees |
| <input type="checkbox"/> Habitual or Excessive Absenteeism or Tardiness | <input type="checkbox"/> Discourtesy to Customers |
| <input type="checkbox"/> Refusal to Carry Out Instructions or Work Assignments | <input type="checkbox"/> Engaging in Immoral or Obscene Acts or Practices While on Company Premises |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Acts of Dishonesty, included but not Limited to Theft of Company Property or the Property of Another Employee |
| <input type="checkbox"/> Gambling on Company Property | <input type="checkbox"/> Possession of Firearms or Weapons on Company Property or While Working in the Care and Control of the Company |
| <input type="checkbox"/> Falsification of any Company Record, Report, Document or Application | <input type="checkbox"/> Violation of Company Rules Resulting in Injury or Damage to Person or Property |
| <input type="checkbox"/> Falsification of a Record of Time Worked | <input type="checkbox"/> Not Qualified for the Job |
| <input type="checkbox"/> Gross Negligence, Neglectful Duty or Recklessness | <input type="checkbox"/> Disregard of Safety Rules |
| <input type="checkbox"/> Does Not Meet Job Qualifications | <input type="checkbox"/> Poor Work |
| <input type="checkbox"/> Intentionally Interfering With or Causing Others to Interfere With Productivity or Efficiency | <input type="checkbox"/> Failure to Comply with Company Policy |
| <input type="checkbox"/> Failure to Perform Work Efficiently | <input type="checkbox"/> Failure to Comply with Owner Policy |
| <input type="checkbox"/> Defacement of Company Property, or Careless Destruction of Company Property or the Property of Another Employee | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Engaging in Horseplay or Fighting | <input type="checkbox"/> Not eligible for rehire for thirty (30) days* |

FOREMAN OR SUPERVISOR SIGNATURE: _____ DATE: _____

Authorization is hereby given the above Employer to mail my final check to the following address:

Street: _____

City: _____ State: _____ Zip Code: _____

Employee Signature: _____

Was a copy of the Termination Notice provided to the employee? Yes No

*If an Employer terminates an employee and intends for the period of "not for rehire" to continue for a period of time longer than thirty (30) calendar days, the Employer must notify the Hiring Agent in writing (on Company letterhead) that the employee is not eligible for rehire.