

NOTICE OF EMPLOYEE TERMINATION

Please notify PayCare at fax 941-727-1039 as soon as possible to ensure proper documentation.

Employee Name: _____	EE #: _____
Employee Address: _____	
Home Phone: (____) _____	
Date of Termination: _____	Last Day Worked: _____
Last Pay Date: _____	
Worksite Employer (Client): _____	
Client #: _____	

Reason for Termination: (Please give explanation in Remarks section below.)

Voluntary

- | | |
|--|---|
| <input type="checkbox"/> Quit – No Reason Given
<input type="checkbox"/> Quit – Job Dissatisfaction
<input type="checkbox"/> Personal / Family Responsibilities
<input type="checkbox"/> Relocated From Area
<input type="checkbox"/> Military Service
<input type="checkbox"/> Voluntary Retirement
<input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Quit – Employee Never Showed Up
<input type="checkbox"/> Accepted Other Job
<input type="checkbox"/> Job Transfer Refusal
<input type="checkbox"/> Medical / Maternity leave
<input type="checkbox"/> Disability Leave or Retirement |
|--|---|

Layoff

- | | |
|--|---|
| <input type="checkbox"/> Lack of Work
<input type="checkbox"/> Lack of Hours
<input type="checkbox"/> Job Eliminated | <input type="checkbox"/> Temporary / Seasonal Position
<input type="checkbox"/> Downsize Workforce |
|--|---|

Involuntary

- | | |
|--|--|
| <input type="checkbox"/> Repeated Absenteeism / Late
<input type="checkbox"/> Falsified Application
<input type="checkbox"/> Repeated Violation of Company Rules
<input type="checkbox"/> Substandard Performance
<input type="checkbox"/> Other (Explain under Remarks below) | <input type="checkbox"/> Repeated Insubordination
<input type="checkbox"/> Dishonesty / Theft
<input type="checkbox"/> Repeated Violation of Safety Policies
<input type="checkbox"/> Probationary Period (90 Days) |
|--|--|

Remarks: _____

Final Remuneration to be Paid After Separation <i>(To be reported on next payroll run)</i>		
Regular Hours _____	OT Hours _____	Reported Tips \$ _____
Rate of Pay \$ _____	Vacation Pay \$ _____	Other \$ _____

<u>Office Use Only</u> Benefits: Y / N EE Cobra Eligible? _____ Plan Name: _____
Status Date: _____ Coverage Thru Date: _____ First Notice Date: _____

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 Bradenton, FL 34207-1707
 Phone: (941) 756-2769
 Fax: (941) 727-1039
 Toll Free: 1-800-790-9273

Employee Signature: _____ Date _____

Supervisor Signature: _____ Date _____ 4.08

Web: www.PayCarePEO.com