



Middle Initial

Social Security Number: \_\_\_\_\_

Date Emp: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

VOLUNTARY RESIGNATION	GENERAL	DISMISSAL FOR CAUSE
<input type="checkbox"/> TO LOOK FOR OTHER EMPLOYMENT <input type="checkbox"/> TO ACCEPT ANOTHER POSITION <i>(JOB READY &amp; WAITING)</i> <input type="checkbox"/> DISSATISFACTION WITH JOB/SALARY <input type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> MEDICAL/HEALTH REASONS <input type="checkbox"/> TRANSPORTATION PROBLEM <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> PERSONAL REASONS <i>(EXPLAIN)</i> <input type="checkbox"/> ABANDONED POSITION <i>(EXPLAIN)</i> <input type="checkbox"/> FAILED TO RETURN FROM LEAVE OF ABS. <input type="checkbox"/> OTHER VOLUNTARY REASON <i>(EXPLAIN)</i>	<div> <input type="checkbox"/> REDUCTION IN FORCE <i>(PERMANENT)</i>  <input type="checkbox"/> TEMPORARY LAYOFF -- SUBJECT  TO RECALL _____  <input type="checkbox"/> HEALTH REASONS <i>(EXPLAIN)</i>  <input type="checkbox"/> ASKED TO RESIGN <i>(EXPLAIN)</i>  <input type="checkbox"/> UNABLE TO MEET JOB REQUIREMENTS  <input type="checkbox"/> OTHER <i>(EXPLAIN THOROUGHLY)</i> </div> <div> <b>CHECK IF EMPLOYEE WAS IN THE FOLLOWING CATEGORY:</b>   <input type="checkbox"/> PART TIME EMPLOYEE  <input type="checkbox"/> SCHOOL EMPLOYEE -- WITH REASONABLE ASSURANCE OF RESUMPTION OF EMPLOYMENT  <input type="checkbox"/> STUDENT </div>	<p><b>GIVE DETAILED EXPLANATION BELOW</b></p> <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> REFUSAL TO FOLLOW INSTRUCTIONS <input type="checkbox"/> FALSIFICATION OF APPLICATIONS OR RECORDS <input type="checkbox"/> ABSENTEEISM/TARDINESS <input type="checkbox"/> INTOXICATION <i>(ALCOHOL/DRUGS)</i> <input type="checkbox"/> VIOLATED ESTABLISHED COMPANY RULES <input type="checkbox"/> DISHONESTY/THEFT <input type="checkbox"/> OTHER MISCONDUCT <i>(SPECIFY)</i>
<div> <div>WAS LEAVE OF ABSENCE REQUESTED?</div> <div>YES NO</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <div>WAS LEAVE AVAILABLE?</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <div>WAS LEAVE GRANTED?</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <div>WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS TERMINATION? IF YES, PLEASE EXPLAIN.</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <div>IS EMPLOYEE ELIGIBLE FOR REHIRE?</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> </div> <div> <b>GIVE COMPLETE DETAILS:</b>  <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		<div> I wish to voluntarily terminate my employment, effective:   <div>Date</div>   <div>Employee Signature</div> </div> <div> I have read, understand and acknowledge receipt of a copy of this document.   <div>Employee Signature</div>   Date: <div></div>   <input type="checkbox"/> Employee refused to sign.  <input type="checkbox"/> Employee unavailable for signature, copy mailed.   For: <div>Company Name</div>   <div>Signature</div>   <div>Title or Position</div>   Date: <div></div>   Phone: <div></div> </div>