

WAGE AND STATUS TERMINATION FORM

GENERAL INFORMATION

First Name	Middle Initial	Last Name	Suffix (Jr, Sr, III, etc.)
Social Security Number	Gender	Marital Status	
- -	F__ M__	Single __ M__ W__ D__ Sep. __	
Address (Please ensure we have final address)		Address Line 2 (if needed)	
City	State	Zip	Home Phone Number/Cell
			() -
Special mailing instructions			

JOB INFORMATION

Job Title/Job Code	Supervisor Name	Location	Department
/			
Work Location	Annual Salary/Hourly Rate	Full Time Hourly__ F/T Salary_ Part Time_ Per Diem__	Comments
		Bi-Weekly Hours _____ Night shift? Yes__ No__	

TERMINATION

Last Day Worked / Termination Date (please note if different)		Reason for termination: Please indicate reason (Expand below for purposes of unemployment review)		
/				
Was employee on health insurance? Yes/No	COBRA (payroll department)	Vacation/CTO- owed –Yes/No?	Would rehire- Yes/No	

INVOLUNTARY TERMINATION: YES_____ NO_____ (IF YES, PAY MUST BE SENT WITHIN 72 HOURS)

Supervisor Signature _____ Date _____

Human Resources Director _____ Date _____

Reasons for terminations: School; quit with no notice; left for another job; scheduling issue; quit with notice; terminated for cause; other;

If terminated for cause, please attach all letters of warnings, etc.

TO BE COMPLETED BY PAYROLL

VAC/CTO Pd at termination	Worked Hours paid at termination	Date of Final Pay	Check #	Date Cobra sent