

Enter Company Name Here:	
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TERMINATION REPORT

Employee Name: _____
Last
First
Middle

Social Security Number: _____ Location: _____
(to be completed by TSI)

Effective Date of Termination:

Last Day Worked (if different):

VOLUNTARY

- No call/ No show
- Failure to return from LOA
- Quit – Other Job
- Quit – Personal Reasons
- Quit – No Reason Given
- Other (please explain)

INVOLUNTARY*

- Violation of Company Policy (give details)
- Excessive Absences
- Excessive Tardiness
- Poor Work Performance (give details)
- Other (please explain)

** Please attach any supporting documentation for involuntary terminations.*

Eligible for rehire?

- YES NO

Comments:

Supervisor/Manager

Date