

EMPLOYMENT SEPARATION REPORT

Date: _____ Employee Name: _____ Emp. No.: _____

Department: _____ Position: _____

Separation is: _____ Employee-initiated _____ Company-initiated _____ Mutual

Reason: _____

Date hired: _____ Last day worked: _____

Did you experience an on the job injury during your employment? Yes _____ No _____

If yes, please explain: _____

Supervisor's Signature: _____

General Manager's Signature: _____

Company property returned: Time Card _____ Building Key _____ Cell Phone _____

Other: _____

Final paycheck given to employee: in person _____ (date) _____ (employee init)
via mail _____ (date) _____

Employee Acknowledgement

Please sign below

Employee comments (optional):

If it is necessary for me to enter any of the **company** facilities in the future, I will enter only during business hours through the front office entrance and check in at the front desk.

Signed: _____ Date _____

(Reverse side may be used for additional comments)

Additional Comments: