



Unemployment / Separation / Termination Sheet

Employer: _____
Employee Name: _____ SS#: _____
First Day Worked: _____ Last Day Worked: _____
Severance/ Vacation/ Sick Pay*: _____
**If applicable, please list the amount paid or will be paid on last pay check for Severance/ Vacation or Sick Pay*

Reason for Separation

Lack of work / Lay off
Expected Return Date if applicable _____

Termination* - Select one reason from list

Violation of company policy

Performance

Excessive absenteeism

Insubordination

Other: _____

Voluntary - Select one reason from list

No call / no show

Walked off the job

No notice given

Has another job

Other: _____

* Provide documentation of warnings, if applicable

Additional Information / Documentation

Form Completed By: _____