



Unemployment/Separation/Termination Sheet

Employer: _____

Employee Name: _____ SS#: _____

First Day Worked: _____ Last Day Worked: _____

Severance/Vacation/Sick Pay, if applicable, please list amount paid or will be paid on last pay check for Severance/Vacation or Sick Pay: _____

Reason for Separation:

Lack of Work/Lay Off	Termination - <i>Select One from List Below:</i>
	<input type="checkbox"/> Violation of Company Policy
Quit – <i>Select One from List Below</i>	<input type="checkbox"/> Performance
<input type="checkbox"/> No Call/No Show	<input type="checkbox"/> Excessive Absenteeism
<input type="checkbox"/> Walked Off Job	<input type="checkbox"/> Insubordination
<input type="checkbox"/> No Notice Given	<input type="checkbox"/> Other:
<input type="checkbox"/> Has Another Job	
<input type="checkbox"/> Other:	<i>Provide documentation of warnings, if applicable</i>

Additional Information/Documentation: _____

Form Completed By: _____