

# Termination Form

COMPLETION AND SUBMISSION OF THIS FORM IS REQUIRED WITHIN 24-48 HOURS FOLLOWING THE TERMINATION

Team Member Name			
Date of Termination		Last Day of Work	
Reason For Termination (Check all that apply)			
<input type="checkbox"/> Attendance		<input type="checkbox"/> Reduction in Force	
<input type="radio"/> Tardiness <input type="radio"/> No Call/No Show <input type="radio"/> Absenteeism		<input type="checkbox"/> Conflict/Disturbance	
<input type="checkbox"/> Safety Violation		<input type="checkbox"/> Company Policy Violation	
<input type="checkbox"/> Violence/Harassment		<input type="checkbox"/> Performance	
<input type="checkbox"/> Other -			
Details of Incident			
Was Prior Warning Given? What Other Circumstances, If Any, Were Taken Into Consideration?			
Team Member Signature		Today's Date	
Management Signature		Today's Date	
Information for Internal Use			
Is Team Member Eligible for Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Manager Who Terminated Team Member:			
Additional Comments:			

ALL TERMINATION FORMS MUST BE SUBMITTED THROUGH THE DESIGNATED PORTAL  
(Retain the physical copy for your department's records)

<https://airtable.com/app7YqnEFg3R5n7FT/shr3CAWokLx85SqXd>

