# 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) | | | |
| ☐ Attendance | | ☐ Reduction in Force | |
| ○Tardiness ○No Call/No Show ○Absenteeism | | ☐ Conflict/Disturbance | |
| ☐ Safety Violation | | ☐ Company Policy Violation | |
| ☐ Violence/Harassment | | ☐ Performance | |
| ☐ Other - | | | |
| **Details of Incident** | | | |
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| **Was Prior Warning Given? What Other Circumstances, If Any, Were Taken Into Consideration?** | | | |
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| Team Member Signature | | Today's Date | |
| Management Signature | | Today's Date | |
| **Information for Internal Use** | | | |
| **Is Team Member Eligible for Rehire?** ☐ **YES** ☐ **NO** | | | |
| **Name of Manager Who Terminated Team Member:** | | | |
| **Additional Comments:** | | | |
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ALL TERMINATION FORMS MUST BE SUBMITTED THROUGH THE DESIGNATED PORTAL
(Retain the physical copy for your department's records)

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