FORTUNE
Business Solutions
innovative HR outsourcing

SEPARATION NOTICE

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____ SS# _____

ADDRESS _____
Street City ST Zip

HIRE DATE _____ TERMINATION DATE _____

DEPARTMENT _____ POSITION _____

We ask for your address for the purpose of mailing your final check & COBRA notifications.

VOLUNTARY *(Attach letter of resignation and check all that apply.)*

- ☐ No Reason Given
- ☐ Relocation
- ☐ Job opportunity
- ☐ Work Environment
- ☐ Job Requirement Change
- ☐ Retirement
- ☐ Personal
- ☐ Return/Attend School
- ☐ Dissatisfied
- ☐ Job Abandonment
- ☐ No Show/ No Call
- ☐ Other (please give detail below)

_____
_____

INVOLUNTARY *(Attach record(s) of counseling and check all that apply.)*

- ☐ Absenteeism
- ☐ Tardiness
- ☐ Violation of Safety
- ☐ Falsification
- ☐ Insubordination
- ☐ Failure to Follow Instructions
- ☐ Failure to Meet Job Standard
- ☐ Violation of Company Policy
- ☐ Failed Probationary Period
- ☐ Inappropriate Conduct
- ☐ Gross Misconduct
- ☐ Other (please give detail below)

_____
_____

LAYOFF *(Check all that apply.)*

- ☐ Lack of Work
- ☐ Job Elimination
- ☐ Location Closed
- ☐ Seasonal Employment
- ☐ Other (please give detail below)

_____
_____

EMPLOYEE ACKNOWLEDGEMENT

By my signature below, I certify that I have not been injured during my work shift(s), nor have I witnessed an accident resulting in injury to someone else during my employment.

EMPLOYEE SIGNATURE _____ **DATE** _____

☐ Employee was not available to sign. ☐ Employee refused to sign.

Did you notify your Human Resources Department prior to taking separation action? ☐ Yes ☐ No

MANAGER SIGNATURE _____

WITNESS SIGNATURE _____

*If employee is on direct deposit, do you want the final check to be paper ☐ or direct deposit ☐? (Check ONE)

FOR COMPANY USE ONLY

Compensation Type	Date To Be Paid	Period Covered	Amount Paid (Gross)
Vacation			$
Severance			$
In-Lieu-Of-Notice			$