



Please return to IDEAL HR within 24 hrs of employee's last day.

Termination Form

Client Name: _____

Hire Date: _____

Employee Name: _____

Term Date: _____

Employee's SSN: _____

Last day of work: _____

This form is used for the following purposes:
• To terminate the employee from Ideal's payroll
• To provide information that will be requested by the Department of Employment and Workforce

Reason for Separation

- Lack of Work
- Voluntarily Quit
- Retired
- Discharged
 - Unsatisfactory work/performance
 - Absenteeism
 - Insubordination
 - Drug screen
 - Other

Details of Termination: _____

Was there a policy violation? Y___ N___

Policy violated: _____

Do you wish to supply termination details to the Department of Employment and Workforce with regard to this termination? Y___ N___

What will be paid on employees last check:

- PTO/Vacation _____
- Severance _____
- Holiday _____
- Wages Due _____

Salaried Employees:

Did they work a full Pay Period: Y___ N___

IF NO, specify the number of hours to be paid: _____

Rehire Status:

Would you rehire this employee: Y___ N___

Complete Details:

(List or attach warnings or Documented violations of policies)

Terminated Employee's Current/New address: _____

Completed by Signature: _____ Date: _____

***** **If Discharged Attach all Supporting Documentation** *****