**Employee Termination Form**

To be completed by the Supervisor or Manager of the Exiting Employee and returned to Human Resources as soon as possible. ***Please note, termination should be discussed with Human Resources prior to completing a termination session with an employee to ensure proper procedures are followed and documentation is complete.***

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| **Employment Information** | |
| Employee Name: |  |
| Job Title: |  |
| Division: |  |
| Project/Location: |  |
| Supervisor Requesting Termination: |  |

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| **Termination Information** | |
| Voluntary/Involuntary: |  |
| Termination Date: |  |
| Policy Violated (Y/N): |  |
| Define Policy Violation: |  |
| **Prior Counseling** | |
| Were any prior counseling’s completed? |  |
| Verbal Warning Date: |  |
| 1st Written Warning Date: |  |
| 2nd Written/Suspension Date: |  |
| Was documentation submitted to HR? When? |  |

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| **Please describe the details of this Termination** |
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Manager Signature Date Director of Human Resources Date