

# CORE OCCUPATIONAL MEDICINE

## 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.***

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

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

Please describe the details of this Termination

\_\_\_\_\_  
 Manager Signature Date
Director of Human Resources Date