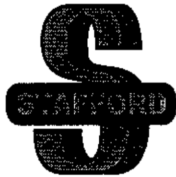

11351 Virginia Crane Dr.
P. O. Box 2117
Ashland, VA 23005
804-285-6200

NOTICE OF SEPARATION

Employee: ____________________________________
Social Security No.:____________________________
Home Phone:__________________________________

Start Date: ___________________________________ Separation Date: ______________________________
Company Location:_______________________________
____

Supervisor: ______________________________________

Voluntary Termination [ ] **Involuntary Termination [ ]**

Reason for Separation:

____Resignation
____Another job
____Poor job performance
____Mutual Agreement
____Return to School
____Did not meet performance goals
____Retirement
____Did not return from leave
____Excessive absenteeism
____Medical Reasons
____Lack of work
____Job elimination
____Personal Reason
____Misconduct
____Terminated in 90 days of hire
____Violation of company policy
____Insubordination
____Negligence
____Other
____Did not like job

Was employee given reason for discharge? Yes [ ] No [ ]
Had employee been warned about their conduct, attendance, work, etc.? Yes [ ] No [ ]

Is employee eligible for rehire? Yes [ ] No [ ]
If no, why?
____
____

Employee will receive: [ ] Wages [ ] Severance Pay [ ] Vacation Pay

Employer Unemployment Account No.______________________________

_________________________________ Date:_________________________

Employee Signature

[ ] Employee Refused to sign.

[ ] Employee unavailable for signature, copy mailed.

_________________________________ Date:_________________________

Supervisor Signature

I certify that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the employee.

NOTICE TO EMPLOYEE: Take this notice to the Employment Security Claims Office if you wish to file a claim for unemployment insurance benefits.

[ ] Human Resources & Payroll (copy) [ ] Employee (Original)

Date:________________

Did anyone in this company discriminate against you, harass you, or cause hostile working conditions?

YES ____ NO____

Any other Comment____

____

It is the Company's policy to report industrial accidents and injuries to our worker's compensation insurance company on a timely basis. Therefore, if you have an industrial (work related) injury and have not previously reported it please advise us now so that we can fulfill our obligation and insure your rights are protected.

The law requires that you report all injuries to us immediately. Please note that any medical treatment you receive prior to our being notified of any injury may not be paid for by our insurance company and you could be responsible for all the bills.

YES____ I have a work related injury to report.
NO_____ I do not have a work related injury to report.

Employee Signature ____

Supervisor Signature ____

RETURN TO HR DEPARTMENT

Termination Checklist

Employee Information

Employee Name	Location	Term Date

If termination is involuntary

[ ] Documentation of performance issues and disciplinary action is in employee file.

Employee's last day of employment

Resources	Accounting/Finance
[ ] N/A [ ] Notify health insurance about COBRA Letter [ ] N/A [ ] Schedule exit interview with HR Department	[ ] N/A [ ] Obtain receipts for final balances on corporate credit card and cancel card. [ ] N/A [ ] Final Expense Reports submitted.

Office Coordinator/Facilities
[ ] N/A [ ] Cancel voicemail account effective employee's last day.
[ ] N/A [ ] Request to have employee's network access closed effective employee's last day.
[ ] N/A [ ] Terminate in PFW

Last day of employment

[ ] N/A [ ] Explain COBRA -Packet will be mailed within 14 days of termination date - Have 60 days to elect coverage [ ] N/A [ ] 401K Qualified Plan Redemption Request with w/special tax notice	[ ] N/A [ ] Verify Address [ ] N/A [ ] Collect keys [ ] N/A [ ] Collect laptop, cords and carrying case [ ] N/A [ ] Collect cell phone, charging cords and carrying case [ ] N/A [ ] Collect corporate credit card [ ] N/A [ ] Collect uniforms [ ] N/A [ ] Any company tools [ ] N/A [ ] Departure is communicated to staff

After the employee's last day

[ ] N/A [ ] Check for any additional amounts owed for commissions, expense reports, etc.
[ ] N/A [ ] Notify payroll to stop coverage on health, ADP flex
[ ] N/A [ ] Notify payroll to withhold final pay until all company items are returned

______________________________ Date:________________________
Employee Signature

______________________________ Date:________________________
Supervisor Signature

Return to Human Resource Department