



1010 Atando Ave.
 P. O. Box 34126
 Charlotte, NC 28234
 704-333-7086

NOTICE OF SEPARATION

Employee: _____
 Social Security No.: _____
 Home Phone: _____

Start Date: _____ Separation Date: _____
 Company Location: _____

Supervisor: _____

Voluntary Termination [] Involuntary Termination []

Reason for Separation:

- | | |
|---|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Lack of work |
| <input type="checkbox"/> Another job | <input type="checkbox"/> Job elimination |
| <input type="checkbox"/> Poor job performance | <input type="checkbox"/> Personal Reason |
| <input type="checkbox"/> Mutual Agreement | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Terminated in 90 days
of hire |
| <input type="checkbox"/> Did not meet performance goals | <input type="checkbox"/> Violation of company
policy |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Did not return from leave | <input type="checkbox"/> Negligence |
| <input type="checkbox"/> Excessive absenteeism | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> 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?
 If no, why? Yes [] No []

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

Employer Unemployment Account No. _____

Employee Signature
 Employee Refused to sign.
 Employee unavailable for signature, copy mailed.

Date: _____

Supervisor Signature

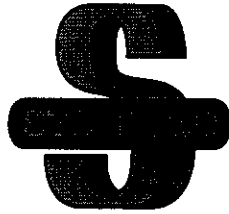
Date: _____

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
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If termination is involuntary

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

Employee's last day of employment

Resources <input type="checkbox"/> N/A <input type="checkbox"/> Notify health insurance about COBRA Letter <input type="checkbox"/> N/A <input type="checkbox"/> Schedule exit interview with HR Department	Accounting/Finance <input type="checkbox"/> N/A <input type="checkbox"/> Obtain receipts for final balances on corporate credit card and cancel card. <input type="checkbox"/> N/A <input type="checkbox"/> Final Expense Reports submitted.
Office Coordinator/Facilities <input type="checkbox"/> N/A <input type="checkbox"/> Cancel voicemail account effective employee's last day. <input type="checkbox"/> N/A <input type="checkbox"/> Request to have employee's network access closed effective employee's last day. <input type="checkbox"/> N/A <input type="checkbox"/> Terminate in PFW	

Last day of employment

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

Employee Signature

Date: _____

Supervisor Signature

Date: _____

Return to Human Resource Department