



7701 Chapel Hill Road
 P. O. Box 10487
 Raleigh, NC 27607
 919-657-0071

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? Yes [] No []
 If no, why? _____

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

Employer Unemployment Account No. _____

Employee Signature

Date: _____

Employee Refused to sign.

Employee unavailable for signature, copy mailed.

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

