



Employee Separation Form

(Please fill out completely)

Separation Information (Required)

Client Name: _____

Employee Name: _____ Last 4 of SSN: XXX-XX-

Updated Address: _____

Last Day Worked: _____

Type of Separation:

Layoff

Quit

Discharged – Person who Discharged Employee: _____

Details regarding separation (please use separate sheet if more space is needed):

Manager Signature: _____ Date: _____

Employee Statement (Optional)

Employee Signature: _____ Date: _____