

Termination Request Form



Employee Name: _____

Last Day Worked: _____

Supervisor Name: _____

Is re-employment recommended? Yes No If no, reason: _____

Is individual transferring to another store? Yes No If yes, what location: _____

Reason for Termination:

Voluntary Termination

(An SJAC Exit Survey should be given to all voluntary terminating employees)

Involuntary Termination:

List previous warning:

1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

What incident occurred on the final day of work that led to decision to terminate?

Release during Probationary Period Chronic absenteeism or tardiness or performance.

Unsatisfactory Performance

End of Seasonal/Temporary Work

Reduction in Force

Other: _____

Immediate Supervisor: _____ Date _____

Human Resource Approval _____ Date _____