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Employee Termination Notice

Client Name: _____

Employee Name: _____
Last First M.I.

Employee Address: _____ City _____ State _____ Zip _____

Last 4 Digits of SSN: _____ Date of Hire: ____/____/____

Date of Termination: ____/____/____ Last Day Worked: ____/____/____

VOLUNTARY

- To accept other work
- Medical / Maternity leave
- Relocating from to another area
- Personal / Family Responsibilities
- To attend school
- Military service
- Failure to return from leave of absence
- Job Transfer Refusal
- Job Dissatisfaction

RETIREMENT

- Voluntary
- Disability
- Compulsary: _____

INVOLUNTARY

- Repeated insubordination
- Repeated tardiness / absenteeism
- Falsified information on application
- Repeated violation of safety rules
- Repeated violation of company rules
- Dishonesty / Theft
- Failed to maintain union status
- Substandard performance
- Destruction of company property
- Probation period (within 90 day)
- Violation of Drug Free Work Place Program

LAYOFF

- Lack of work
- Reduction in force
- Job position eliminated
- Reduced Hours
- Temporary Seasonal

OTHER

Employee Signature: _____ Signature Date: ____/____/____

Supervisor Signature: _____ Signature Date: ____/____/____

Human Resources Signature: _____ Signature Date: ____/____/____