



Employee Separation Report

Employee Name:	
Department:	Position:
Hire Date:	Last Day Worked:
Effective Separation Date:	

Type of Separation

Voluntary: ☐ Resignation (attach letter of resignation) ☐ Personal ☐ Quit Without Notice ☐ Other: _____

Involuntary: ☐ Dismissed ☐ Layoff ☐ Seasonal/Temporary ☐ Other: _____

Reason for Involuntary Separation (if applicable)

☐ Attendance ☐ Misconduct ☐ Performance
☐ Reduction in Workforce ☐ Other: _____

Recommendations

☐ Without Reservation ☐ With Reservation ☐ Would Not Recommend

Eligible for Rehire?

☐ Yes ☐ No

If No, Reason: _____

Additional Comments: _____

Manager/Supervisor Signature: _____ Date: _____

Employee Signature (if available): _____

Employee Name (Print): _____ Date: _____

FOR OFFICE USE ONLY

☐ Final Check Issued ☐ Company Materials Returned ☐ EASE Updated ☐ Health ☐ Dental ☐ Life
☐ Vacation Due: Days _____; Hours _____

HR Signature: _____ Date: _____