

Employee Separation Form

Please notify Teamwork HR immediately of all/any employee separations so that we may verify the compliance of all Labor Law Regulations.

Employee Name:
Company:

Fax to (530) 223-6342

Resignation	Termination
When an employee quits without notice, that employee must have a paycheck in his/her hands within 72 hours. If an employee quits with notice, a check must be available to the employee on his/her final day worked.	If an employee is terminated, a final paycheck by law must be in the employee's hands at the time of separation.
Check the appropriate box(es) below:	Check the appropriate box(es) below:
<input type="checkbox"/> Voluntary Resignation <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Retired <input type="checkbox"/> Returned to School <input type="checkbox"/> Dissatisfied with Working Conditions <input type="checkbox"/> Abandoned Job/No Call No Show ___ Days <input type="checkbox"/> Accepted Another Job Offer <input type="checkbox"/> Death <input type="checkbox"/> Restructure/Position Change <input type="checkbox"/> Resigned for Personal Reasons <input type="checkbox"/> Relocated away from Work Location <input type="checkbox"/> Voluntary Personal Leave of Absence <input type="checkbox"/> No Reason Given <input type="checkbox"/> Walked Off Job <input type="checkbox"/> End of Season/Temp Employment <input type="checkbox"/> Failure to Return from Leave of Absence <input type="checkbox"/> Other: _____	<input type="checkbox"/> Layoff - Permanent <input type="checkbox"/> Layoff - Seasonal Employment <input type="checkbox"/> Layoff - Location Closed <input type="checkbox"/> Excessive Absenteeism <input type="checkbox"/> Excessive Tardiness <input type="checkbox"/> Theft of Company Property <input type="checkbox"/> Work Performance <input type="checkbox"/> Unable to get along with co-workers <input type="checkbox"/> Under influence of alcohol or drugs <input type="checkbox"/> Restructure/Position Eliminated <input type="checkbox"/> Falsifying Time Sheet <input type="checkbox"/> Insubordination (Documentation Required) <input type="checkbox"/> Destruction of Company Property <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Repeated Violation of Company Policies <input type="checkbox"/> Failed Drug Screen <input type="checkbox"/> Transferred to Another Location <input type="checkbox"/> Other: _____
<input type="checkbox"/> A letter of resignation is attached. <input type="checkbox"/> Employee declined providing a letter.	<p style="text-align: center;">Is this employee eligible for rehire?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Date of termination: _____	Last day worked: _____
Comments:	

Final Pay:

Employee has already received final pay

Hourly: Reg _____ hrs OT _____ hrs

Salary or Commission \$ _____

Vacation, Severance, or Sick Pay: _____ hrs or \$ _____

Any Deductions/Reimbursements (Specify): \$ _____

Employee needs to return (Phone, Keys, ect.): _____

Check Delivery:

Employee to pickup Mail to Employee

Client/Supervisor to pickup Mail to Client/Supervisory

Other (Specify): _____

Authorized Signature

Date