

ENTERPRISE HR

AND AFFILIATES

NOTICE OF EMPLOYEE SEPARATION

Company Name: _____

Client Number: _____

Employee Name: _____
(Last) (First) (MI)

Social Security Number: ____/____/____

Date of Termination: ____/____/____

REASON FOR SEPARATION:

Employee voluntarily resigned

Reason: _____

Employee discharged

Reason: Lay-off / Reduction in staff
90 day probation
Unsatisfactory work performance
Other

Other reason: _____

EMPLOYEE RECEIVED:

Wages in lieu of notice	Amount: \$ _____	For period ____/____/____	TO ____/____/____
Separation pay	Amount: \$ _____	For period ____/____/____	TO ____/____/____
Vacation pay	Amount: \$ _____	For period ____/____/____	TO ____/____/____

I certify that the above person has been separated from service and the information furnished herein is true and correct. This report has been given or mailed to the person listed above.

Supervisor/Manager signature: _____

Date: ____/____/____

Title: _____ Date form given or mailed to separated employee: ____/____/____