



Notice of Employee Separation Form

DISCHARGE

Employee Name: _____ Social Security Number: _____
 Job Title: _____ Last Day Worked: _____
 Company: _____ Supervisor's Name: _____

Please complete the section and questions that apply to the employee's employment with your company. Please attach any additional documentation.

Absenteeism/Tardiness (W-X)	
Did EE notify anyone of the absence or tardy on final incident: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____	
What reason was given for the final absence/tardy: _____	
Was EE given any written and/or verbal warnings for attendance prior to the last incident: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates of warnings _____	
Warning dates: _____	
Did EE claim to be sick on final incident: <input type="checkbox"/> Yes <input type="checkbox"/> No Did you request a Dr. note: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was a note received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was EE specifically told that they would be discharged if attendance did not improve: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Insubordination (M)	
Did EE engage in inappropriate use of abusive language: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in the Comments section _____	
Did the EE refuse to follow reasonable and proper instructions: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in the Comments section _____	
Did EE refuse to accept an assignment to suitable work: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in the Comments section _____	

Violation of Company Policy or Procedure (N)	
What rule or policy did EE violate: _____ Did the EE admit to the violation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Had the EE been warned about violating this policy: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the policy in writing: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach policy _____	
Was the EE given a copy of or reminded of the policy during previous warnings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were there witnesses to the violation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you obtain written statements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the EE offer an explanation for the violation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in the Comments section of this Form _____	
Dates of written and verbal warnings: _____	
Was there a financial loss to your company: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much: \$ _____ Did EE agree to pay loss: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Had EE complied with the policy in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No Did EE acknowledge understanding of the policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Performance (Y,Z, a)	
Did EE ever exhibit the ability to perform the job satisfactorily: <input type="checkbox"/> Yes <input type="checkbox"/> No Length of time in current job: _____	
Did EE receive warnings on job performance: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and explain in the Comments section _____	
Did EE offer an explanation for poor performance: <input type="checkbox"/> Yes <input type="checkbox"/> No Was EE on probation at time of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you believe the EE simply did not possess the ability to meet company standards, please indicate so in the Comment section of this Form _____	

Lack of Work (1-5)	
Was the EE laid off (Reduction in force): <input type="checkbox"/> Yes <input type="checkbox"/> No Was the EE's position eliminated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was it the end of the EE's temporary employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Discharge: Comments Section

Completed By: _____ Title: _____
 Signature: _____ Date: _____

URGENT: Please fax this form immediately to Sunwest Employer Services Inc., Fax Number: 602-778-9857
 ***PLEASE DISCARD THE OLD NOTICE OF EMPLOYEE SEPARATION FORMS**
 1430 E Missouri Ave Suite B155, Phoenix, AZ 85014 Phone 602-778-9856 Fax 602-778-9857