

EMPLOYEE DISCHARGE / TERMINATION FORM

TODAY'S DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE NUMBER: _____

LOCATION / DEPARTMENT: _____

POSITION: _____

HIRE DATE: _____

LAST DAY WORKED: _____

DISCHARGE DATE: _____

DISCHARGE TYPE:

RESIGNATION
(Enclose resignation letter)

LAYOFF

INVOLUNTARY
DISCHARGE

OTHER: _____

RETIREMENT

MUTUAL AGREEMENT

IS EMPLOYEE ELIGIBLE FOR REHIRE? YES NO

IF NO, WHY?

PREVIOUS COUNSELING ACTIONS: (ATTACH COPIES OF PREVIOUS COUNSELING ACTION SUPPORT DOCUMENTATION)

VERBAL / DATE: _____

WRITTEN WARNING / DATE: _____

SUSPENSION / DATE: _____

OTHER / DATE: _____

DISCHARGE REASON:

- Failure or refusal to follow supervisor instructions
- Insubordination
- Sleeping during working hours
- Theft, misappropriation, unauthorized possession, or removal of customer or Company property, or the property of others
- Fighting or otherwise threatening, intimidating customers, supervisors, employees, or others
- Using obscene, profane, or abusive language toward customers, supervisors, co-workers, or anyone else on the premises
- Violation of time reporting procedures
- Gambling or disorderly conduct while on Company property or business
- Excessive or unexcused absences
- Excessive or unexcused tardiness
- Leaving work early
- Unauthorized use of a customer, employee, Company or other vehicle

- Failure to satisfactorily perform your job
- Incompatibility with customers, employees, supervisors and Company management
- Negligent use or care of customer, employee or Company property
- Violation of telephone etiquette and use procedures
- Inappropriate dress for job
- Failure to follow uniform policy
- Possession, use, being under the influence of, consuming, **transferring**, selling or attempting to sell or purchase or attempting to purchase any alcohol or controlled or illegal or unauthorized drugs during your work day, regardless of whether on duty, on Company business, or on Company premises
- False, fraudulent, misleading, or harmful statements or omissions concerning another employee, our Company, or its customers, or any statements harmful or disloyal to our Company
- Other: _____

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MANAGEMENT STATEMENT OF WHAT OCCURRED:

EMPLOYEE SIGNATURE DATE

ASSISTANT MANAGER OR AREA MANAGER SIGNATURE DATE

AREA MANAGER OR GENERAL MANAGER SIGNATURE DATE

EMPLOYEE REFUSED TO SIGN

WITNESS SIGNATURE DATE

FOR OFFICE USE ONLY

LAPTOP RETURNED

COMPUTER ACCESS / LOGIN CANCELED

IT NOTIFIED

VOICE MAIL CHANGED

TELEPHONE PASSWORDS CANCELED

COMPANY CAR KEYS OBTAINED

LOCATION KEYS OBTAINED

MOBILE PHONE OBTAINED

GAS CARD OBTAINED / CANCELED

VACATION HOURS DUE: _____

INSURANCE / COBRA NOTIFIED

401K / RETIREMENT SAVINGS DISTRIBUTION