

Termination Report Form

Termination Report		
Employee name:	Title:	Term. date:
Supervisor:	Department:	
Circumstances/reason:		
Type of termination: Voluntary Involuntary Layoff		
Eligible for rehire? Yes No If no, explain:		
Compensation dispensation:		
Salary end date:	Vacation pay due:	
Commissions due:	Bonus due:	
Severance pay:	Other:	
Benefits:		
End date:		
COBRA election? Yes No	Monthly payment:	
If yes, effective date:		
Return of company property:		
Keys	Credit cards	Company car
ID cards	Security cards	Computer passwords
Other:		
Process followed:		
Exit interview	Signed release	COBRA communication
Notify payroll	Notify staff	
<hr/> Authorized signature Date		