

EMPLOYEE TERMINATION REQUEST

STORE _____

Termination Date: _____

Employee Name: _____

Position: _____

ELIGIBLE FOR REHIRE ___ YES ___ NO

LAST DATE WORKED: _____

REASON

___ 01: ANOTHER JOB

___ 02: SCHOOL

___ 03: MEDICAL (ATTACH MEDICAL DOCUMENTATION)

___ 05: RELOCATION

___ 06: DISSATISFIED WITH WAGES

___ 07: PERSONAL REASONS (ATTACH WRITTEN STATEMENT FROM EMPLOYEE)

___ 12: UNSATISFACTORY PERFORMANCE (ATTACH DISCIPLINARY REPORTS)

___ 13: FAILURE TO REPORT (LAST DATE SCHEDULED: _____)

___ 15: EXCESSIVE ABSENTEEISM (ATTACH POINT WRITE UP SHEET)

___ 21: INSUBORDINATION (ATTACH DISCIPLINARY REPORTS)

___ 23: VIOLATION OF POLICY (ATTACH DISCIPLINARY REPORTS)

___ 26: RESIGNED WITHOUT NOTICE (NEXT DAY SCHEDULED: _____)

___ 33: DECEASED

___ 36: CHILD CARE (WRITTEN STATEMENT FROM EMPLOYEE)

___ DID NOT RETURN FROM LEAVE OF ABSENCE

___ OTHER: _____

OTHER NOTES:

Submitted By: _____

Date: _____

Store Manager:: _____