



3218 E. Colonial Dr. | Suite F | Orlando, FL 32803  
p. 407-228-6428

## Employee Termination

Worksite Employer: \_\_\_\_\_ Manager: \_\_\_\_\_

Name of Employee \_\_\_\_\_ SSN: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last Physical Day Worked: \_\_\_\_\_

| Voluntary Resignation       | Miscellaneous Resignation  | Employer Termination           |
|-----------------------------|----------------------------|--------------------------------|
| Other employment _____      | Layoff/Lack of Work _____  | Insubordination _____          |
| Unhappy with Position _____ | Layoff/Seasonal _____      | Defiance of Authority _____    |
| Unhappy with Salary _____   | Poor Job Performance _____ | Records Falsification _____    |
| Moved _____                 | Probationary Period _____  | Violation Company Policy _____ |
| Personal Reasons _____      | Other: _____               | General Misconduct: _____      |
| Continue Education _____    |                            | (Please specify below) _____   |
| Job Abandonment _____       |                            |                                |

Explain in detail the incident(s) leading up to final termination. Please include any and all documentation of disciplinary actions taken.

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***I understand and acknowledge receipt of a copy of this document.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Worksite Employer: (Check one if applicable.)

Employee refused to sign.     
  Employee unavailable to sign (mail copy).

***Please return completed form to Kymberly Group Payroll Solutions, Inc. as soon as possible.***