



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.***