

EMPLOYEE SEPARATION REPORT



Employee #: _____

LAST DAY WORKED/PAID: _____

Employee Name: _____

Phone # _____

Address: _____

Email: _____

Date of Hire (see roster): _____

****Employee information must be correct and Employee Signature is required on the bottom of the form after completed****

Select **ONE** of the following boxes:

Seasonal Separation

Completed Season – Eligible to return next season on
Date: _____ Dept. _____

Prior to end of season

Reason: _____

*Must notify Manager to confirm return by
Date: _____ (Manager to complete) Failure to
confirm return by the above date will be
considered a voluntary quit.
(Employee Signature Required)*

Completed Season: Conditional return for
next season (requires HR involvement)

Select **ONE** of the following boxes:

Termination

Involuntary

For any of the stated reasons below, HR must be involved. All actions below require comments.

Unreported absences/Frequent tardiness
(list dates in Comments)

Fighting/Horseplay on company property

Hostile Work Environment/Harassment

Violation of safety rules

Misappropriation/Theft of company or private property

Violating Ethics Policies

Careless Destruction / Damage to company or
private property

Insubordination

Failure to meet job requirements

Failed Drug / Alcohol Test

Fraudulent use of Company Benefits

Other (As outlined in Employee Resource Guide)
Specify in Comments below

Voluntary

Job Abandonment *(Conditional Rehire) HR Involved*

Left area, moved to: _____

Left to attend School

Left to accept other work

End of Seasonal Employment *(1st
Season Only. HR must be involved)*

Did not provide 2 weeks notice of
Resignation *(Conditional Rehire)*

Did not return to seasonal employment
(Refused Recall)

Other *Specify in Comments below*

Please choose the appropriate box if it applies:

Not Eligible for Rehire
(NER)Comments Required

Conditional Rehire
Comments Required

Comments: _____

If more comment space needed please use back of document

Employee Signature: _____

Date: _____

Manager Print Name: _____

Manager Signature _____

Date: _____

Human Resources Signature: _____

Date: _____

General Manager/Division Head/VP _____

Date: _____