

EMPLOYEE TERMINATION FORM

Business Name: _____

Employee Name: _____

Termination Date: _____

- voluntary termination *(please attach resignation notice)*
- involuntary termination

Recommended for re-hire?

- yes
- no

IF VOLUNTARY TERMINATION *(please be very detailed)*

Reason:

IF INVOLUNTARY TERMINATION *(please be very detailed)*

Reason:

VERY IMPORTANT: If the employee has any unused vacation, please report the appropriate amount to our PAYROLL DEPARTMENT for the employee's last paycheck. Nebraska employers are required to pay any unused vacation due to the employee at the time of termination.

Completed By: _____ Date: _____

Profit Advantage Use Only:

Benefit Department Notified: _____

COBRA Eligible? ___ yes ___ no

Date COBRA Notice Sent: _____

Initial: _____