



280 Hindman Road
 Travelers Rest, South Carolina 29690
 (864) 834-3985
 Fax (864) 834-5642

Employee Termination Report

Employee SSN: _____

Employee Name: _____

Client/Company: _____

Effective Date: _____ Last Day Worked: _____

Type of Separation:

- Dismissal
 Retirement
 Reduction In Force
 Other
 Resignation (attach letter of resignation)
 Health

Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please give reason
<u>Employer's reason for termination.</u>

Employee's Signature	Date	Managers Signature	Date
Witness Signature	Date		