



Termination Form

NAME: _____

POSITION: _____ LOCATION: _____

TERMINATION DATE: ____/____/____ LAST DAY WORKED: ____/____/____

REASON FOR TERMINATION

In addition to checking reason for termination, please **give full explanation in space provided**. If employee does not give notice of voluntary termination, note when and how it was determined he/she was terminated and give any other relevant information.

TERMINATION WAS (Please check only one):

_____ **Voluntary** _____ **Involuntary**

If termination was **VOLUNTARY**, please check any and all of the following that apply:

- | | |
|--|--|
| <input type="checkbox"/> Employee Resigned | <input type="checkbox"/> Personal Problem |
| <input type="checkbox"/> No Call No Show | <input type="checkbox"/> Return to School |
| <input type="checkbox"/> Found Another Job | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Working Conditions | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Work Schedule | <input type="checkbox"/> Refused Suitable Work |
| <input type="checkbox"/> Problem with Supervisor | <input type="checkbox"/> Leave of Absence - Did not Return |
| <input type="checkbox"/> Problem with Co-worker | <input type="checkbox"/> Better Pay / Better Benefits |

If termination was **INVOLUNTARY**, please check any and all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Failed Drug Test |
| <input type="checkbox"/> Disobedience (Insubordination) | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Violation of Rules | <input type="checkbox"/> Unsatisfactory Performance |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Job Eliminated or Changed |

Explain reason given above in detail:



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Employee's statement of reason for termination:

Is employee eligible for rehire? __YES __NO

If not eligible or only under certain conditions, please explain:

Did the employee provide sufficient notice as outlined below? __YES __NO

- Management 30-day notice
- Other Staff 2-week notice

If YES, indicate the date when the written notice was provided: __/__/____

Supervisor's / Manager's Full Name

____/____/____
Date

Please attach supporting documentation for this termination request. For PTO balance payout, written notices are required.

If employee is being involuntary terminated, please include any written warnings, incident notes, dates & explanations that supports the grounds for involuntary termination.

**All instructions are to be followed except when in conflict with State or Federal employment law.
Please reach out to HR with any questions or concerns.*