

SEPARATION NOTICE

Employee Name:	Job Title:
Department:	Separation Effective Date:
REASON FOR SEPARATION	
<input type="checkbox"/> Poor Job Performance <input type="checkbox"/> Tardiness <input type="checkbox"/> Absenteeism <input type="checkbox"/> Insubordination	<input type="checkbox"/> Violation of Company Policy _____ <input type="checkbox"/> Failure to Follow Established Procedure <input type="checkbox"/> Layoff (Lack of Work) <input type="checkbox"/> Other: _____
Details of Last Incident Leading to Separation, If Applicable (briefly describe what happened, place, people involved):	
Previous Warnings, If Applicable (include date[s] and nature of violation[s])	
Supervisor Signature:	Date:
Witness Signature:	Date:
Employee Signature:	Date:
Employee Comments:	