



Notice of Employee Separation

Please print or type all information

| | |
|-------------------------|------------------------------------|
| Employee Name: _____ | URGENT |
| Client Name: _____ | Fax immediately upon separation of |
| SS #: _____ | employment of any employee to: |
| Address: _____ | Ascend HR Solutions 801.299.6400 |
| | or mail to: |
| Last Day Worked: _____ | Ascend HR Solutions |
| Date of Hire: _____ | 450 East 1000 North |
| Termination date: _____ | Salt Lake City, UT 84054 |
| Job Title: _____ | |

Reason for Separation: ROF, Voluntary Quit or Discharge. Please explain below in Comments.

Voluntary (explain under comments section below)

| | |
|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Quit | <input type="checkbox"/> Seasonal/Temp Employment |
| <input type="checkbox"/> Another Job | <input type="checkbox"/> Military |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Failure to return from leave of absence |
| <input type="checkbox"/> Moved to area | <input type="checkbox"/> Job Transfer refusal |
| <input type="checkbox"/> Personal/Family Responsibilities | <input type="checkbox"/> Job Dissatisfaction |
| <input type="checkbox"/> School | <input type="checkbox"/> Initial period of employment (90 days) |
| <input type="checkbox"/> No show/no call | <input type="checkbox"/> Other |

Involuntary (Explain under comments section below and give dates of warnings and prior violations)

| | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Destruction of company property |
| <input type="checkbox"/> Repeated tardiness/ Absenteeism | <input type="checkbox"/> Initial period of employment (90 days) |
| <input type="checkbox"/> Falsified application | <input type="checkbox"/> Violation of Drug Free Work Place |
| <input type="checkbox"/> Repeated violation of Company policies | <input type="checkbox"/> Dishonesty/Theft |
| <input type="checkbox"/> Substandard performance | <input type="checkbox"/> Lack of work/Laid off |
| <input type="checkbox"/> Sleeping on the job | <input type="checkbox"/> Other (explain in comments section) |
| <input type="checkbox"/> Use of foul and abusive language | |

Please attach all disciplinary documentation

Comments: _____

Vacation or Severance Pay: _____

**Please note that if this is not complete we will need to call with questions regarding Unemployment.*

Supervisors Signature: _____

Date: _____

| | | | | | |
|----------|-----|----|--------------|-----|----|
| Benefits | Yes | No | Garnishments | Yes | No |
|----------|-----|----|--------------|-----|----|