



EMPLOYEE TERMINATION REPORT

ORIGINAL REVISED

Instructions for completing this report: This report is be completed at the time of termination of an employee. Complete al portions of top section. Have the departing employee read and sign the bottom section. Fax or email this form the date of the termination.

PLEASE COMPLETE & MAIL, FAX OR EMAIL TO:
Staffing & Payroll Alternative, Inc. 118 E. Dallas St. Canton, TX 75103-1425
Phone Toll Free: (888)813-8830 or (903)567-4500 Fax: (903) 567-2079
Email: hr@staffingandpayroll.com

TO BE COMPLETED BY ON-SITE SUPERVISOR OR CLIENT DESIGNEE

Client Name: _____ Client # _____
Employee Name: _____ SS# _____
Job Title: _____ Date of Termination: __/__/__

Actual last day worked: __/__/__ Wages paid through __/__/__

Employee paid regular wages through (date) __/__/__

Additional pay given at termination :

__ PTO/Vacation \$ _____ No. of __ days __ hours covered _____ days _____ hours
__ Wages in lieu of notice \$ _____ No. of __ days __ hours covered _____ days _____ hours
__ Severance Pay \$ _____ No. of __ days __ hours covered _____ days _____ hours

Check Reason for Termination (Check only one)

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Layoff | <input type="checkbox"/> 4. Resignation With Notice | <input type="checkbox"/> 7. Retirement |
| <input type="checkbox"/> 2. Misconduct | <input type="checkbox"/> 5. Resignation Without Notice | <input type="checkbox"/> 8. Invalid I-9 |
| <input type="checkbox"/> 3. Unsatisfactory Job Performance | <input type="checkbox"/> 6. Job Abandonment | <input type="checkbox"/> 9. Death |

Check or circle the appropriate response:

__ Verbal or written counseling or warnings __ were __ were not given to employee prior to termination

__ Recommend for rehire? __ Yes __ No

__ I have __ have not discussed this termination report with the employee

__ I have __ have not notified the employee also is being terminated by SPA and that coverage of the SPA Health Benefit Plan terminates at midnight on the date of termination.

__ I have __ have not notified the employee that the last paycheck for direct deposit employees will not be direct deposited into the employee's bank account.

__ I have collected the following items from the employee:

__ Company credit card __ Insurance I.D. card __ Company I.D. Card
__ Company property: __ tools __ uniforms __ keys __ notebook /PC __ other

On-site supervisor's or Designee's Signature: _____ Date: __/__/__



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TO BE COMPLETED BY TERMINATED EMPLOYEE

The above information regarding the termination of my employment has been discussed with me. I also understand that my final check may not be by direct deposit. I have been advised that my coverage under the SPA Health Benefit Plan, if any, terminates at midnight on the date my employment terminated. I understand that if I am covered by the SPA Group Health Plan, and if I want to continue my coverage, I must complete the Group Health Benefits Right of Continuation Notice (COBRA Notice) which will be sent to me by CONEXUS on behalf of SPA and return it within 60 days from the date of the qualifying event or notification to the insurance carrier. If employed in Texas or Florida, I understand that if my employment is ending for any reason other than misconduct or resignation, I should contact SPA's Employee Relations Coordinator at (888)813-8830 within 14 days to present myself for possible rehire. Failure to contact SPA after termination may affect my unemployment benefits. I have no property belonging to SPA or to the client company.

Employee Signature: _____ Date: ___/___/___

Forwarding Address: _____

TO BE COMPLETED BY SPA PAYROLL SERVICES

Entered by: _____ Date: ___/___/___ COBRA sent: ___/___/___