



Matrix Employee Termination Form

Voluntary Termination: _____

Involuntary Termination: _____

Client Name: _____

Client ID: _____

Employee Name: _____ SSN: _____

Hire Date: _____

Termination Date: _____

Last Pay Period: _____

Supervisor: _____ Phone: _____

Employee Address: _____

City _____ State: _____ Zip: _____

Resignation

- | | | |
|--|--|--|
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Retirement | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Personal Problems | <input type="checkbox"/> Job Opportunity | <input type="checkbox"/> No Show / No Call |
| <input type="checkbox"/> Work Environment | <input type="checkbox"/> Chaning in Job | |
| <input type="checkbox"/> Other: _____ | | |

Discharge/ Misconduct

- | | | |
|--|--|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Insurbordination |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> 90 day Probation | <input type="checkbox"/> Alcohol / Drug Abuse |
| <input type="checkbox"/> Failure to Do Job | | <input type="checkbox"/> Violation of Rules |

For all misconduct discharges: list dates and explanation. Attach any Documentation

Lay Off

- | |
|--|
| <input type="checkbox"/> Lack of Work |
| <input type="checkbox"/> Job Abolished |
| <input type="checkbox"/> Other: _____ |

Was worker offered work elsewhere? Yes or No Yes

Terminated employees must contact Matrix Employee Leasing for reassignment.

Unemployment benefits may be denied if terminated Employee fails to contact Matrix Employee Leasing within 48 hours.

List all witness whom may know about separation and comments

- * _____
- * _____
- * _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____