OPTIONS/PERSONAL CHOICE TERMINATION OF EMPLOYMENT

Employer Name:	
Employee Name:	
Last Day of Work:	
Termination Date	
Reason for Leaving:	
LACK OF WORK	
VOLUNTARY	
	Job Abandonment (3 days no call or no show)
	Personal Reasons
	Accepted another job
	Relocation
	Dissatisfaction with hours/rate of pay
DISCHARGE	
	Unsatisfactory work performance (no misconduct)
	Attendance or Tardiness
	Violation of company policy
	Falsification of records
	Insubordination
OTHER	<u>—</u>
If DISCHARGE provide date an	nd details of final incident:
II DISCHARGE provide date an	d details of fillal incluent.
List dates and details of any p	rior incidents and warnings (attach copy of any written warnings)
Signature of Employ	er
Date	