CHRONIC TACOS

Employee Separation Report

Employee Name: _____

Job Title: _____

Dates of Employment: _____

Working Hours: _____

Working Days: _____

Pay/Salary: _____ Overtime? ☐ **Yes** ☐ **No**

☐ Voluntary Termination ☐ Involuntary Termination

What were the factors leading to termination? _____

_____

_____

What other circumstances, if any, were taken into consideration? _____

_____

_____

Did the employee make any particular comments? _____

_____

_____

Immediate Supervisor’s Signature _____ Date _____

Would you rehire this individual? ☐ **Yes** ☐ **No**