

# Termination Certification and Acknowledgment Form

Employee Name

Employee ID

Position/Title

Department

Date of Termination

## Certification & Acknowledgment

*Please read the following carefully and acknowledge by signing below.*

I certify that I have returned all company property, records, and materials in my possession. I acknowledge that I am no longer authorized to access company systems, confidential information, or represent the company in any capacity as of the date indicated above. I have read and understood my ongoing obligations regarding confidentiality and non-disclosure as outlined in my employment agreement.



Employee Signature

(Type or sign)

Date

Supervisor/HR Signature

(Type or sign)

Date