

Employee Termination Notice

Employee Name: _____

Employee ID: _____

Position/Title: _____

Department: _____

Termination Date: _____

Type of Termination: _____
e.g. Voluntary, Involuntary

Reason for Termination

Describe the reason for termination

Final Details

Last Working Day: _____

Return of Company Property: List items to be returned

Other Notes: _____

Supervisor/Manager Signature

Date: _____

Employee Signature

Date: _____