

TERMINATION NOTICE

YEAR: _____

EMPLOYEE NAME: _____

DATE OF TERMINATION: _____

LAST DAY WORKED: _____

REASON FOR TERMINATION: (Please give a description of why employee is no longer employed through UCP)

- VOLUNTARY (RESIGNED)
- RESIGNATION ATTACHED
- NOTICE WAS WORKED OUT

- INVOLUNTARY (TERMINATED)
- EMPLOYEE WAS WRITTEN UP (ATTACHED)

ELIGIBLE FOR REHIRE:

- ELIGIBLE FOR REHIRE
- NOT ELIGIBLE FOR REHIRE

DIRECTOR/COORDINATOR/SUPERVISOR SIGNATURE

DATE

PROGRAM DIRECTOR SIGNATURE/ HR REP

DATE

<p>FOR HUMAN RESOURCES USE ONLY:</p> <ul style="list-style-type: none"><input type="checkbox"/> PULL PERSONNEL FILE<input type="checkbox"/> PULL MEDICAL FILE<input type="checkbox"/> PULL TRAINING FILE<input type="checkbox"/> PULL 1-9	<p>EMPLOYEE INFORMATION</p> <ul style="list-style-type: none"><input type="checkbox"/> FULL TIME<input type="checkbox"/> PART TIME<input type="checkbox"/> COBRA<ul style="list-style-type: none"><input type="checkbox"/> Medical<input type="checkbox"/> Dental<input type="checkbox"/> Vision<input type="checkbox"/> NO INSURANCE<input type="checkbox"/> LOGGED IN DATABASE<input type="checkbox"/> AS400<input type="checkbox"/> NAVIGATOR	<p>AFFIRMATIVE ACTION</p> <p>RACE: _____</p> <p>SEX: _____</p> <p>HIRE: _____</p> <p><input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY</p> <p>POSITION: _____</p> <p>EEO: _____</p> <p><input type="checkbox"/> LOGGED IN AFFIRMATIVE</p>
<p>TERMINATION CODES:</p> <p>_____ _____ _____ _____</p>		