



INTEGRATED BUSINESS SERVICES

Employee Termination Form

Employer Name: _____

Employee Name: _____ Termination Date: _____

Termination Reason(s):

- Poor Job Performance
- Excessive Lateness or Absenteeism
- Misconduct
- No Call / No Show
- Insubordination
- Violence on the job
- Alcohol or Drug Related
- Laid off
- Eliminated Position
- Quit- Walked Off the Job / No Notice Given
- Quit- Proper Notice Given – Attach Notice
- Retired
- Medically related
- Returned to School
- Other _____

Additional Details:

Is this employee eligible for rehire? Y / N

Turn off Direct Deposit? Y / N

Rush Instructions: When requiring a check before the next scheduled pay day

Final Check Required by: _____

Send the Final Check to: _____ Employer _____ Employee's Home

Pay the following: _____ Regular Hrs _____ Overtime Hrs
 _____ Vacation Hrs _____ Sick Hrs
 _____ Commission _____ Other: _____

 Supervisor's Signature Printed Name Date

Please fax this form to Innovative Employer Solutions at (727) 323-7999. Thank you.