



SEPARATION REPORT

Organization _____

Social Security Number		Name (Last, First, Middle Initial)		Department	Occupation
Employee No.	Hire Date	Last Day Worked	Date Terminated	Rate of Pay \$ per	Adequate Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status FT PT OC TEMP	Suitable for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional		Job Performance: (Excellent, Very Good, Satisfactory, Marginal, Unsatisfactory)		
Grievance filed?	Quantity: _____		Quality: _____		Professional: _____
Forwarding Address/Telephone		Reliability: _____		Job Knowledge: _____	
		Attitude: _____		Attendance: _____	

VOLUNTARY QUIT

- 01 Resigned in lieu of being discharged by employer
- 02 Abandoned job
- 03 Failed to obtain/maintain certification
- 04 Failed to continue/complete training
- 05 Gave resignation with early acceptance by employer
- 06 Retired or accepted retirement
- 07 Quit before trying to resolve grievance
- 08 Left part-time/temp. work to accept full-time work
- 09 Leave of absence
- 10 Work terms/conditions substantially changed
- 11 Dissatisfied with pay/working conditions
- 12 Alleged unsafe working conditions
- 13 Quit following reprimand by employer
- 14 Quit to accept other employment
- 15 Dissatisfaction with union membership requirements
- 16 Lack of transportation
- 17 Personal/domestic reasons unconnected with work
- 18 Opposition to employer's drug testing policies
- 19 Personal dissatisfaction with
- 20 Illness/injury not connected to work
- 21 Work-related illness/injury
- 22 Alleged harassment or unwarranted treatment
- 23 pregnancy
- 24 Alleged conflicts between work and religious convictions/practices
- 25 Refused to submit to employer's request to take polygraph test/drug or alcohol test

DISCHARGE

- 01 Excessive absenteeism
- 02 Repeated tardiness
- 03 Deliberate violation of rules/policies
- 04 Refused to obey instructions
- 05 Disrespect to supervisor(s)
- 06 Refused to work overtime
- 07 Deliberate neglect of or inattention to duty
- 08 Left assigned work area without authorization
- 09 Sleeping on the job
- 10 Persistent personal contacts during working hours
- 11 Misrepresentation or falsification of work records
- 12 Disruptive behavior
- 13 Abusive behavior or language
- 14 Rude/abusive/inattentive behavior
- 15 Use of alcohol and/or drugs
- 16 Violation of safety rules
- 17 Caused accident due to carelessness or willful disregard of standards
- 18 Damaged employer's equipment or property due to willfulness or negligence
- 19 Arrest or incarceration which jeopardized job or employer's interests.
- 20 Sexual harassment of other employees
- 21 Incapable of performing to employer's standards

OTHER REASONS

- 01 Laid off due to lack of work
- 02 Reduction in working force
- 03 Still employed
- 04 Called for military services
- 05 Leave of absence

NO CONTEST

- 01 Employer does not wish to contest separation issue(s)

Please complete this checklist for Hospital Services Corporation

Wages in lieu of Notice \$ _____ Dismissal/Severance Pay \$ _____ Holiday/Vacation Pay \$ _____
 Payroll Deductions \$ _____ COBRA \$ _____ Date final paycheck issued \$ _____

Briefly explain: Reason for separation, dates of prior warnings or counseling, other pertinent information

Are there any reasons why employee cannot or will not seek full time work immediately (e.g. attending school, baby sitter problems)?

Employee comments, if any:

Checklist for organization's use:

- | | | | | |
|---|---|-------------------------------------|--|---|
| <input type="checkbox"/> Uniforms | <input type="checkbox"/> Library | <input type="checkbox"/> ID Badge | <input type="checkbox"/> Keys/Parking | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Manuals | <input type="checkbox"/> Equipment to be returned | <input type="checkbox"/> Film Badge | <input type="checkbox"/> Business Office | <input type="checkbox"/> Final Time Sheet |
| <input type="checkbox"/> Equipment returned | | <input type="checkbox"/> Pager | <input type="checkbox"/> Expense report | |

Exit interview with	Date	Time	Place
Employee Signature	Immediate Supervisor Signature		Human Resources Signature
Date	Print Name	Date	Date