



Matrix Employee Termination Form

Voluntary Termination: _____ Involuntary Termination: _____

Client Name: _____
Client ID: _____
Employee Name: _____ SSN: _____
Hire Date: _____
Termination Date: _____
Last Pay Period: _____
Supervisor: _____ Phone: _____
Employee Address: _____
City _____ State: _____ Zip: _____

Resignation

<input type="checkbox"/> Illness/Injury	<input type="checkbox"/> Retirement	<input type="checkbox"/> Relocation
<input type="checkbox"/> Personal Problems	<input type="checkbox"/> Job Opportunity	<input type="checkbox"/> No Show / No Call
<input type="checkbox"/> Work Environment	<input type="checkbox"/> Changing in Job	
<input type="checkbox"/> Other: _____		

Discharge/ Misconduct

<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Insurbordination
<input type="checkbox"/> Tardiness	<input type="checkbox"/> 90 day Probation	<input type="checkbox"/> Alcohol / Drug Abuse
<input type="checkbox"/> Failure to Do Job		<input type="checkbox"/> Violation of Rules

For all misconduct discharges: list dates and explanation, Attach any Documentation

Lay Off

<input type="checkbox"/> Lack of Work
<input type="checkbox"/> Job Abolished
<input type="checkbox"/> Other: _____

Was worker offered work elsewhere? Yes or No _____

List all witness whom may know about separation and comments

* _____
* _____
* _____

Terminated employees must contact Matrix Employee Leasing for reassignment.
Unemployment benefits may be denied if terminated Employee fails to contact Matrix Employee Leasing within 48 hours.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____