

Galactic Employer Services

Employee Termination Form

*** MUST FILL OUT & RETURN WITHIN 3 DAYS of TERMINATION ***

- 1) Employee's Name: _____
- 2) Employee's Last Day Worked: _____ Pay Rate: \$_____ per _____
- 3) Separated due to : (a) _____ lack of work (b) _____ voluntarily quit (c) _____ discharge (d) _____ other
- a) Do you expect to recall this employee? _____ yes or _____ no If yes, what is the expected recall date _____
- b) If voluntarily quit, reason given by employee: _____
- c) If Discharged, it was due to _____
- Date of Final Incident _____
- Was there a warning for same or similar incident? _____ yes or _____ no
- If yes, please complete the following:
- Date Warning was issued: _____ Who issued the Warning? _____
- Type of Warning : _____ verbal _____ written (if written please attach copy)
- Reason for Warning: _____
- d) If employee was terminated for "other" reasons, provide specific reason such as leave of absence or suspension below:

If there is any additional information surrounding this termination, please write below :

This form was filled out by : _____ (Name & Title)

FAX Back to Galactic at 205-322-1118 or 1-877-476-1118