

# Galactic Employer Services

## Employee Termination Form

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

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- 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**