



# Galactic Employer Services

In Birmingham: 322-2220 / Fax: 322-1118  
Toll-Free: (800) 589-4015 / FAX: (877) 476-1118

\_\_\_\_\_  
Name of Client Company

**\*Please Print in Dark Ink**

## Employee Termination Form

\_\_\_\_\_  
Store Location

**Report(s) must be received within 3 days of termination.**

Employee Name: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Date of first incident that caused the discharge: \_\_\_\_\_

If the termination resulted from Absenteeism or Tardiness, please answer the following questions:

1. First day of absence: \_\_\_\_\_
2. Reason for absence: \_\_\_\_\_
3. What hours was employee scheduled: \_\_\_\_\_
4. Did employee call in: \_\_\_\_\_ Date and Time: \_\_\_\_\_

If the termination resulted from Theft of money or property, please answer the following questions:

1. First suspected occurrence and date: \_\_\_\_\_
2. List and explain in detail any and all occurrences:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

Please list any warnings, both written and verbal. Please attach a copy of all written warnings.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please attach a copy of your company's policy concerning this discharge.

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_