

Employee Termination Notice Form

Date: _____

Employee Information

Employee Name: _____
Employee ID: _____
Position/Title: _____
Department: _____

Supervisor/Manager Information

Name: _____
Title: _____

Termination Details

Last Working Day: _____

Type of Termination: ☐ Voluntary
☒ Involuntary (Misconduct)

Reason(s) for Termination:

- Violation of company policies
- Insubordination
- Theft or dishonesty
- Harassment or discrimination
- Other: _____

Description of Incident(s):
(Attach additional documentation if necessary)

Previous Disciplinary Actions (if any):

Return of Company Property

- Employee ID badge
- Keys/Access cards
- Company-owned electronic devices
- Documents and files
- Other: _____

Final Compensation/Benefits

- Final paycheck: ☐ Issued ☐ Pending
- Unused vacation/leave: ☐ Paid ☐ Not applicable
- Other (specify): _____

Signatures

Employee Signature Date: _____

Supervisor/Manager Signature Date: _____

HR Representative Signature Date: _____

This form is intended to document the circumstances and process of employee termination due to misconduct. Please ensure all information is accurate and supporting documents are attached as necessary.