



EMPLOYEE SEPARATION NOTICE

Worksite Name: _____
 Employee Name: _____
 Employee Address: _____
 City: _____ St: _____ Zip: _____
 SS#: _____ - _____ - _____ Last Day Worked: ____/____/____
 Date of Termination: ____/____/____

Immediately Upon Separation:

(No Cover Sheet Required)
 Fax to: 727 572-1314 or 727 572-6827

-OR-

Mail to: DecisionHR
 One Progress Plaza Ste. 500
 St. Petersburg, FL 33701
Attn: Payroll Department

REASON CODE(S) FOR SEPARATION (Explain w/ incident dates below):

Voluntary (Not Attributable to Employer Action/Decision)

- | | |
|--|---|
| _____ 001-Quit (explain in remarks) | _____ 008-End of seasonal/temp employment |
| _____ 002-Accepted other position | _____ 009-Military School |
| _____ 003-Medical (NOT F.M.L.A.**) | _____ 010-Failure to return from leave of absence |
| _____ 004-Relocating from area | _____ 011-Job Transfer Refusal |
| _____ 005-Personal/Family (NOT F.M.L.A.**) | _____ 012-Job Dissatisfaction |
| _____ 006-Left to attend school | _____ 014-Other (explain in remarks) |
| _____ 007-No Call/No Show (____ days) | _____ 016-Military (NOT U.S.E.R.R.A.***) |

** F.M.L.A.-Family Medical Leave Act *** U.S.E.R.R.A.- Uniformed Services Employment and Reemployment Rights Act

Involuntary (Attributable to Employer Action/Decision)

- | | |
|---|--|
| _____ 200-Insubordination | _____ 207-Destruction of company property |
| _____ 201-Repeated tardiness/absenteeism | _____ 208-Initial period of employment (fit/performance) |
| _____ 202-Falsified application | _____ 209-Violation of Drug Free Work Place Program |
| _____ 203-Violation of known company rules/policies | _____ 210-Dishonesty/Theft |
| _____ 204-Willful issues of performance | _____ 211-Lack of work/laid off |
| _____ 205-Sleeping on the job | _____ 214-Other (explain in remarks) |
| _____ 206-Use of foul or abusive language | _____ 018-Co-employment contract ended |
| _____ 215-Loss of Employment Authorization | _____ 216-Refused Work Assignment |

Final Incident: _____

Explanation/Remarks- _____

- Mark all that apply:** Wages "in lieu of Notice" \$ _____ Severance Agreement "on File"
 Severance Paid \$ _____ Leave of Absence document(s) "on File"
 PTO Paid as Wage: Days (), \$ _____ Incident Document(s) "on File"
!! ATTENTION → Separation Wages reported on Payroll Worksheet

Supervisor Signature: _____ Date: ____/____/____

Printed Signature: _____