

[LOGO]

TERMINATION REPORT

Revised 18 February 2005

EMPLOYEE NAME (Last)		(First)	(MI)
DEPARTMENT	LAST DAY WORKED	TERMINATION EFFECTIVE DATE	
POSITION	SUPERVISOR	HIRE DATE	
TYPE OF SEPARATION (Check One)			FINAL CHECK GIVEN?
<u>Involuntary Separation</u>	<u>Voluntary Separation</u>	<u>Administrative Separation</u>	
Unsatisfactory Performance	Pursue Other Employment	Failed to Return From Leave	No
Unacceptable Conduct	Attend School	Assignment Ended	Yes
Layoff	Relocated	Leave of Absence	Date: _____
Other: _____	Retired	Independent Contractor	
	No Explanation	Other _____	
	Job Abandonment		
	Other _____		

REASON FOR TERMINATION (attach documents as needed)

ADDITIONAL COMMENTS (SUPERVISOR)

ADDITIONAL COMMENTS (EMPLOYEE)

I hereby acknowledge that the reasons stated above for my separation are complete and accurate. I further acknowledge that I have been provided with a notice that complies with the regulations of the Employment Development Department ("EDD") set forth in 22 Code of Regulations Section 1089-1, stating whether the separation resulted from a "discharge," "layoff," "leave of absence," or change from employee status to independent contractor status. I further acknowledge that I have been provided with the written pamphlet of the EDD (Pamphlet DE 2320 Rev. 41 entitled "For Your Benefit, California's Programs for the Unemployed") which discusses unemployment insurance rights. I further acknowledge that I have been provided with the Notice of the Health Insurance Premium Program ("HIP") pursuant to California Labor Code Section 2807. I further acknowledge that I have received all money from Client to which I am entitled, that I have no further claims against Client of any kind on any basis, and that I waive any such claims against Client.

Employee

Date

A&R

Date

**ORIGINAL: EMPLOYEE'S PERSONNEL FILE
COPY: TO EMPLOYEE**

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REHIRE AND FINAL ASSESSMENT

Rehire? Yes No If No, state reason: _____

If Yes, complete the following final assessment (initial appropriate boxes)

	Excellent	Good	Satisfactory	Fair	Unsatisfactory
Quality of Work					
Initiative					
Attendance					
Cooperation					
Job Knowledge					

CHECKLIST

<u>Initials</u>	<u>Task</u>	<u>Date Completed</u>	<u>Note if N/A</u>
_____	Contact the payroll department and arrange to have the final paycheck ready for the employee in accordance with state law requirements.	_____	_____
_____	Deliver the final paycheck to the employee personally.	_____	_____
_____	If it is not possible to deliver the final paycheck to the employee personally, mail it or give it to the person designated by the employee.	_____	_____
_____	Notify the medical/dental insurance carrier of the employee's separation.	_____	_____
_____	Advise employee of COBRA rights.	_____	_____
_____	Complete final paperwork for employee's personnel file.	_____	_____
_____	Provide the employee State Disability Insurance forms.	_____	_____
_____	Provide the employee an unemployment insurance notice.	_____	_____
_____	Cancel employee's building security code and obtain keys, if any.	_____	_____
_____	Cancel employee's parking access card.	_____	_____
_____	Alert security that an employee is no longer employed.	_____	_____
_____	Recover property of the employer that the employee possesses or controls (<u>example</u> : handbook).	_____	_____
_____	Send out reminders of employee's obligations with respect to confidential, proprietary and trade secret information.	_____	_____
_____	Terminate employee's privileges to access company computers and other information.	_____	_____
_____	Determine whether an unemployment insurance claim (if filed) will be contested.	_____	_____