



Employee Separation / Release Form

Work Site Employer: _____ Today's Date: _____

Employee's Name (First & Last): _____

Employee's SSN: _____ Job Title: _____

Last Day Worked: _____ (this is the last day of active work)

Last Check Date: _____ Last Pay Period Ending: _____

Reason for Separation / Release

Resignation – Voluntary

- Quit with Notice
- Quit without Notice
- Relocated – Moved
- Other: _____
- Job Opportunity
- Illness / Injury not related to work
- Retired
- Would you rehire: _____ Yes _____ No Why: _____

Discharged / Misconduct – Involuntary

- Absenteeism / Tardiness
 - Day(s) Missed: _____
- 90 Day Probationary Period
 - Not a fit
 - Could not do job
- Insubordination
 - Type: _____
- Violation of Rules
 - Rules Violated: _____
- Other
 - Reason: _____

****All employees who are separated or released from the Worksite employer must contact Matrix OneSource within 48 hours for reassignment. Failure to do so may cause reemployment benefits to be denied.****

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____