

Employee Separation / Release Form



Work Site Employer: _____ **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 Job Opportunity
 Quit without Notice Illness / Injury not related to work
 Relocated – Moved Retired
 Other: _____

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: _____