

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:** _____