

# Termination Documentation

Name of Employee:

Job Title:

Date of Termination:

1. **Prior Problems with and Disciplinary Warnings Issued to Employee:**

2. **Reason(s) for Termination:** *(In addition to checking the reasons for the termination, give a full explanation in the space below)*

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|--|---|
| <input type="checkbox"/> Excessive absenteeism   | <input type="checkbox"/> Personal business during company time          |
| <input type="checkbox"/> Failure to call in  | <input type="checkbox"/> Competition with company                       |
| <input type="checkbox"/> Tardiness (repeated)  | <input type="checkbox"/> Damaging company relationship with customers   |
| <input type="checkbox"/> Time clock violations   | <input type="checkbox"/> Disclosure of confidential company information |
| <input type="checkbox"/> Theft   | <input type="checkbox"/> Harassment or discrimination                   |
| <input type="checkbox"/> Sleeping, laziness, loitering   | <input type="checkbox"/> Lying to supervisor                            |
| <input type="checkbox"/> Safety violation  | <input type="checkbox"/> Insubordination towards any supervisor         |
| <input type="checkbox"/> Injuring a person   | <input type="checkbox"/> Violation of driving policies                  |
| <input type="checkbox"/> Damaging property   | <input type="checkbox"/> Unable or unwilling to perform job duties      |
| <input type="checkbox"/> Violence, fighting, horseplay, weapons, threats                                   | <input type="checkbox"/> Incompetence                                   |
| <input type="checkbox"/> Violation of drug or alcohol policies, including refusal to test or positive test | <input type="checkbox"/> Other (explain below)                          |
| <input type="checkbox"/> Falsification of records  |   |
| <input type="checkbox"/> Hindering or limiting production  |   |

3. **Explanation of Reasons for Termination:**

*Compile and attach all supporting documentation to this notice (prior warnings, performance evaluations, investigations, test results, notes, etc.)*

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**Signature of Person Making Termination Decision**

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**Printed Name**

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**Date**