



WORKSITE EMPLOYEE TERMINATION/SEPARATION FORM

Email to: engageteam3@engagepeo.com

OR

Fax to: 727-214-9071

Worksite Employee Name:		Social Security Number:	
Client Company Name:		Location:	
Last Day Worked:		Separation Effective Date:	

REASON FOR SEPARATION-CHECK ONE

INVOLUNTARY SEPARATION: MISCONDUCT

No call no show		19/Everify Issues	
Excessive Absenteeism		Profanity at worksite	
Violation of company policy		Impaired at worksite	
Excessive Tardiness/Left early		Threats at the worksite	
False statements on application		Theft of money or property	
Destruction of company property		Failed scheduled drug screen	
Insubordination-Refusal to work		Failed post-accident drug screen	
Insubordination-Refusal to take drug screen		Possession of Alcohol/Drugs at worksite	
Insubordination-Refusal to follow instructions		Other (Describe in Explanation Field Below)	

VOLUNTARY SEPARATION WITH NOTICE

End of Contract		Deceased	
End of Assignment		Retired W/Notice	
Never started work		Relocated W/Notice	
Resignation W/Notice		Returned to School W/Notice	
Found other employment W/Notice		Dissatisfied with Job W/Notice	
Dissatisfied with Supervisor W/Notice		Medical reasons associated with work	
Did not return from Leave of Absence		Medical reasons Not associated with work	

VOLUNTARY SEPARATION WITHOUT NOTICE

Retired No Notice		Relocated No Notice	
Resignation No Notice		Abandoned Job No Notice	
Returned to School No Notice		Dissatisfied with Job No Notice	
Found other employment No Notice		Dissatisfied with Supervisor No Notice	

INVOLUNTARY SEPARATION: POOR PERFORMANCE

Unable to return from Leave		Failed to meet quota	
Failed to meet Expectations		Resignation No Notice	
Failed to obtain/ maintain required Certification		Medical reasons Not associated with work	

LAYOFFS

Permanent Layoff		Temporary Layoff		Reduction in Hours	
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LEAVE OF ABSENCE

FMLA Leave		Maternity Leave		Military Leave		Personal Leave	
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**WORKSITE EMPLOYEE
TERMINATION/SEPARATION
FORM**

Separation Agreement

Separation Agreement Signed

EXPLANATION OF SEPARATION

Eligible for Rehire?

Yes

No

Insurance Coverage?

Yes

No

I CERTIFY THAT MY STATEMENTS ARE TRUE AND CORRECT

Supervisor's Signature:

Date:

For Engage PEO Internal Use Only

Benefits:

Yes

No

Process Date:

Garnishments:

Yes

No

Direct Deposit:

Yes

No

Processed By: