

TERMINATION

Name

SS#

Supervisor

Termination Date

Date of Incident

Date(s) of Previous Disciplinary Action(s)

Nature of Incident:

Employee's Statement:

By signing this document, I certify that I have read its contents; however, my signature is not to be construed as any admission by me regarding its contents.

Employee's Signature

Date

Supervisor's Signature

Date

Human Resources (Witness) Signature

Date

Original – Human Resources Copy – Employee