



EMPLOYEE TERMINATION REPORT

EMPLOYEE TERMINATION REPORT ORIGINAL/REVISED (Circle Appropriate One)

INSTRUCTIONS FOR COMPLETING THE REPORT: This report is to be completed at the time of termination of an employee. Complete all portions of top section. Have the terminated employee read and sign bottom section. FAX THIS REPORT TO YOUR PAYROLL SPECIALIST ON THE DATE OF TERMINATION. MAIL THE ORIGINAL REPORT TO YOUR PAYROLL SPECIALIST WITHIN THREE DAYS. Call your Payroll Specialist if you have any questions.

TO BE COMPLETED BY SPA ON-SITE SUPERVISOR OR DESIGNEE

Employee Name _____ Social Security Number _____

Job Title _____ Client Company _____

Date of Termination _____ Last Actual Day Worked _____

Employee Paid Regular Wages Through (date) _____

Additional Pay Given at Termination (see back for definitions)

PTO / Vacation Pay \$ _____ No. of Days Covered _____

Wages in Lieu of Notice \$ _____ No. of Days Covered _____

Severance Pay \$ _____ No. of Days Covered _____

Check Reason For Termination (see back for definitions) (Check only one)

- | | | |
|---|-------------------------------------|----------------------|
| _____ 1. Layoff | _____ 4. Resignation With Notice | _____ 7. Retirement |
| _____ 2. Misconduct | _____ 5. Resignation Without Notice | _____ 8. Invalid 1-9 |
| _____ 3. Unsatisfactory Job Performance | _____ 6. Job Abandonment | _____ 9. Death |

Check or circle the appropriate response

Verbal or written counseling or warnings were/were not given to employee prior to termination.

Recommend for Rehire? Yes/No

I have/have not discussed this termination report with the employee.

I have not notified the employee also is being terminated by SPA and that coverage under the SPA Health Benefit Plan terminates at midnight on the date of termination.

I have not notified the employee that the last paycheck for direct deposit employees will not be direct deposited into the employee's bank account.

I have collected the following items from the employee:

_____ Company Credit Cards _____ Insurance I.D. Card
_____ Company I.D. Card _____ Company Property (tools, uniforms, keys, notebook PC, etc.)

On-Site Supervisor's or Designee's Signature: _____ Today's date: _____

TO BE COMPLETED BY SPA PAYROLL SERVICES

Entered by _____ Cobra sent by: _____

TO BE COMPLETED BY TERMINATED EMPLOYEE

The above information regarding the termination of my employment has been discussed with me. I also understand that my final check may not be by direct deposit. I have been advised that my coverage under the SPA Health Benefit Plan, if any, terminates at midnight on the date when my employment terminates. I understand that if I am covered by the SPA Group Health Plan, and if I want to continue my coverage, I must complete the Group Health Benefits Right of Continuation Notice (COBRA Notice) which will be sent to me by SPA, and send it within 60 days from the date of the qualifying event or notification to the insurance carrier. If employed in Texas or Florida, I understand that if my employment is ending for any reason other than misconduct or resignation I should contact SPA's Unemployment Hotline (888-813-8830) within 14 days to present myself for possible rehire. Failure to contact SPA after termination may affect my unemployment benefits. I have no property belonging to SPA or to the client company.

Employee Signature _____ Date _____

Forwarding Address _____

Employee Termination Notice

Hourly/ Salary (circle one)

EMPLOYEE: _____ DATE: _____

SS#: _____

POSITION: _____

DATE OF TERMINATION: _____

REASON FOR TERMINATION:

- ☐ Resignation
☐ Layoff
☐ Discharge
☐ Other _____

Other
explain

SUPERVISOR'S STATEMENT:

Supervisor Signature

Employee Signature