

Employee Termination Form

Employee info

Full Name	Enter employee's name	Department	Enter the name of department
Job Title	Enter the job title	Supervisor	Enter supervisor name

Termination Details

Date of Termination: Enter a date

Notice Period Given Yes ☐ No ☐
Notice period Worked ☐ Paid in lieu (PILON) ☐

Type of Termination

- | | |
|---|--|
| ☐ Voluntary (Resignation) | ☐ Retirement |
| ☐ End of Fixed-term Contract | ☐ Mutual Agreement |
| ☐ Redundancy / Layoff | ☐ Relocation |
| ☐ Misconduct | ☐ Unauthorized Absences |
| ☐ Performance Issues | ☐ Death of Employee |
| ☐ Health Reasons | ☐ Other: Please add here the type of termination |

Reason for Termination

Please add here a detailed description of the reason for termination

Final Compensation

Outstanding Salary Payment	Yes ☐	No ☐	Accrued Vacation Payment	Yes ☐	No ☐
Severance Pay (if applicable)	Yes ☐	No ☐	Other Compensation	Yes ☐	No ☐

Return of Company Property

		Yes	No	N/A
Uniform/Workwear		☐	☐	☐
Laptop/Computer		☐	☐	☐
Mobile Phone		☐	☐	☐
Access Cards/Building Keys		☐	☐	☐
ID Badge		☐	☐	☐
External Storage Devices (USB, Hard Drives)		☐	☐	☐
Software Licenses		☐	☐	☐
Portal/System Access (Email, CRM, Internal Tools)		☐	☐	☐
Documents/Folders		☐	☐	☐
Other	Please enter here the name of the item	☐	☐	☐

Exit Interview (Optional)

Conducted by: Please enter the name of the interviewer

Date: Enter a date

Summary of Feedback (optional):

Please enter the feedback summary of exit interview here

Employee Signature

Date: Enter a date

Employee's full name

Enter employee's name

HR Representative
Signature

Date: Enter a date

HR Representative's full
name

Enter HR Representative's name

Supervisor Signature

Date: Enter a date

Supervisor's full name

Enter Supervisor's name