



TEAM MEMBER SEPARATION REPORT

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|----------|------------|-------------|--------------------|
| NAME | | EMP. NUMBER | |
| LOCATION | DEPARTMENT | POSITION | Date of Separation |

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|-----------------------|--|---------------------|----------------------|
| REASON FOR SEPARATION | <input type="checkbox"/> RESIGNATION (VOLUNTARY QUIT) <input type="checkbox"/> DISCHARGE <input type="checkbox"/> LAYOFF | EXPLANATION | |
| | PREVIOUS WARNINGS | VERBAL WARNING DATE | WRITTEN WARNING DATE |

| | | |
|---------------------------------------|--|------|
| COMPLETE FOR ALL DISCHARGES & LAYOFFS | DETAILED DESCRIPTION OF CONDUCT THAT OCCURRED: | |
| | WHAT CORRECTIVE ACTIONS WERE TAKEN PRIOR TO DISCHARGE? | |
| | WHAT RULE OR POLICY WAS VIOLATED? | |
| | EMPLOYEE COMMENTS | |
| | EMPLOYEE SIGNATURE | DATE |

| | | |
|-----------------|--|--|
| OFFICE USE ONLY | EMPLOYEE ELIGIBLE FOR REHIRE FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE | CHECK ITEMS TO BE RETURNED: <input type="checkbox"/> DMV SALES LICENSE <input type="checkbox"/> UNIFORMS <input type="checkbox"/> KEYS TO BUILDING <input type="checkbox"/> D-TAG <input type="checkbox"/> COMPANY VEHICLE <input type="checkbox"/> LOCK BOX <input type="checkbox"/> TOOLS <input type="checkbox"/> OTHER _____ |
| | DO YOU FEEL THE EMPLOYEE WOULD BETTER SUITED FOR ANOTHER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE | |
| | WAS A CORPRATE OFFICER OR GENERAL MANAGER NOTIFIED PRIOR TO SEPARATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE | |
| | MANAGER COMMENTS | |

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|----------------|--------------------|--------------|------|
| AUTHORIZATIONS | MANAGER/SUPERVISOR | PRINTED NAME | DATE |
| | GENERAL MANAGER | PRINTED NAME | DATE |
| | HUMAN RESOURCES | PRINTED NAME | DATE |
| | CORPORATE OFFICER | PRINTED NAME | DATE |