

EMPLOYEE STATUS REPORT

Involuntary Separation:

Special Separation Instructions for final paycheck

Final Check to be issued immediately? Yes No

Send to worksite Send to employee's home

Other _____

To be paid: # of hours: _____ Hourly Rate: _____

Salary: _____

Other Amount (please specify): _____

For pay period ending: _____

Employee's Name: _____

Customer/Worksite: _____

Effective Date of Status Change: _____/_____/_____

Last Day Worked: _____/_____/_____

REASON FOR STATUS CHANGE: (Check one box and explain in detail in the Comments section below.)

FAMILY OR MEDICAL LEAVE DUE TO:

- Employee's personal serious health condition (Attach Dr.'s certification)
- Family member's serious health condition Spouse Child Parent (Attach Dr.'s certification)
- Birth of a child, adoption, foster care placement (Attach legal certification)
Expected Return Date from leave: _____
- Military Leave (Attach copy of military orders) .
Expected Return from Military leave: _____
- Other (Please explain under Comments)

REQUESTED LEAVE

- Authorized personal leave of absence
Expected Return Date: _____

OTHER

- Address Change
- Change in Position (indicate new position and effective pay period below; describe duties and attach job description)
- Name change (attach proof of name change, copy of new Social Security Card, and Tax Withholding Allowance Certificate(s))
- Pay rate or salary change: _____
Effective pay period beginning date: _____
- Rehire if within same calendar year: _____
- Full-time to Part-time:
From _____ # hrs/week to _____ # hrs/week
- Part-time to Full-time:
From _____ # hrs/week to _____ # hrs/week

COMMENTS (Use a separate sheet of paper if more space is necessary): _____

VOLUNTARY SEPARATION:

- Abandoned position
Dates Missed: _____
- Dissatisfaction with job/salary
- Failure to return from leave of absence
- Other Employment
- Other Voluntary Resignation (Please explain under Comments)
- Relocation

INVOLUNTARY SEPARATION: (Please attach all previous supporting Disciplinary Action Notices or other documentation and provide detailed explanation under Comments section.)

- Attendance
- Assignment ended
- Dishonesty/theft
- Falsification of application and/or records
- Failure to follow instructions/ Insubordination
- Lack of work
- Misconduct
- Position eliminated
- Unable to meet job requirements
- Unsatisfactory Work Performance
- Violated company rules
- Other: Involuntary separation (Please explain under Comments)

Authorized Signature

Print Name

Date

ACKNOWLEDGEMENT OF RECEIPT (check appropriate box and sign)

- I acknowledge that I have read and understand the above and I agree with the statement.

Employee's Signature

Print Name

Date

- I acknowledge that I have read and understand the above and I disagree with the statement because: _____

Employee's Signature

Print Name

Date