



American Payroll and Benefits I, LLC
 PO Box 189 Ocala, FL 34478
 Phone: 352-624-1999 Fax: 352-342-9356

NOTICE OF SEPARATION

Client Name: _____

Employee Name: _____

Employee Address: _____

SSN: _____ Last Day Worked: _____

Date of Termination: _____

Immediately Upon Separation

Fax: 352-342-9356

Mail:
 American Payroll and Benefits I, LLC
 PO Box 189
 Ocala, FL 34478
 Attention: Payroll Dept.

REASON FOR SEPARATION (Explain with Incident Dates Below:

Voluntary (Not attributable to Employer Action/Decision)

- | | |
|---|--|
| <input type="checkbox"/> Quit (explain in remarks) | <input type="checkbox"/> End of seasonal/temp employment |
| <input type="checkbox"/> Accepted other position | <input type="checkbox"/> Military School |
| <input type="checkbox"/> Medical (Not F.M.L.A.**) | <input type="checkbox"/> Failure to return from leave of absence |
| <input type="checkbox"/> Relocating from area | <input type="checkbox"/> Job Transfer Refusal |
| <input type="checkbox"/> Personal/Family (Not F.M.L.A.**) | <input type="checkbox"/> Job Dissatisfaction |
| <input type="checkbox"/> Left to attend school | <input type="checkbox"/> Other (explain in remarks) |
| <input type="checkbox"/> No Call/No Show (____ days) | <input type="checkbox"/> Military (Not U.S.E.R.R.A.***) |

F.M.L.A.-Family Medical Leave Act *U.S.E.R.R.A.-Uniformed Services Employment and Reemployment Rights Act

Involuntary (Attributable to Employer Action/Decision)

***Please send all accompanying documents (warnings, witness statements, etc)**

- | | |
|--|---|
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Destruction of company property |
| <input type="checkbox"/> Repeated tardiness/absenteeism | <input type="checkbox"/> Initial period of employment (fit/performance) |
| <input type="checkbox"/> Falsified application | <input type="checkbox"/> Violation of Drug Free Work Place Program |
| <input type="checkbox"/> Violation of known company rules/policies | <input type="checkbox"/> Dishonesty/Theft |
| <input type="checkbox"/> Willful issues of performance | <input type="checkbox"/> Lack of work/Laid off |
| <input type="checkbox"/> Sleeping on the job | <input type="checkbox"/> Other (explain in remarks) |
| <input type="checkbox"/> Use of foul or abusive language | <input type="checkbox"/> Co-employment contract ended |
| <input type="checkbox"/> Loss of Employment Authorization | <input type="checkbox"/> Refused Work Assignment |

Final Incident: _____

Explanation/Remarks: _____

- Mark all that apply:
- | | |
|---|---|
| <input type="checkbox"/> Wages "in lieu of Notice" \$ _____ | <input type="checkbox"/> Severance Agreement "on file" |
| <input type="checkbox"/> Severance Paid \$ _____ | <input type="checkbox"/> Leave of Absence documents "on file" |
| <input type="checkbox"/> PTO Paid as Wage: Days (), \$ _____ | <input type="checkbox"/> Incident Document(s) "on file" |
- !!ATTENTION!!** Separation Wages reported on Payroll Worksheet

Supervisor Signature: _____ Date: _____

Printed Name: _____