



# Notice of Employee Separation Form

## VOLUNTARY QUIT

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
 Company: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Please complete the section and questions that apply to the employee's employment with your company. Please attach any additional documentation.

<b>Quit: Dissatisfied with Job, Supervisor, Co-Worker, etc. (F-J)</b>		
EE Resignation was: <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Who did EE notify of quit:	Position:
What reason was given for the quit:		
Prior to resigning, did EE complain to the Supervisor or seek some resolution: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in the Comments section		

<b>Quit: Unable to Work- Medical or Family (d-j)</b>		
EE Resignation was <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Who did EE notify of quit:	Position:
If EE quit because of own medical problems, was a leave requested first: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a leave available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did EE exhaust all available leaves prior to quit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Did EE quit to provide care for someone else: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If EE was unable to work due to medical restrictions, was light duty work available or offered: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Available		

<b>Quit: Abandoned Job (9)</b>		
Did EE advise anyone of decision to quit: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
Did anyone attempt to contact EE to determine work status: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who:	
What dates did EE fail to call or report to work:		
Did EE offer an explanation why they stopped reporting to work: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain in the Comments section	

<b>Quit: Domestic Circumstances (B)</b>		
Did EE quit to join the other spouse who has moved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did EE quit to provide care for children: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Quit: Other Job (C)</b>		
Did EE quit to accept another job: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the new employer:		

<b>Retirement (K)</b>		
Did EE choose to retire from your company: <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Quit: Comments Section</b>		
Describe any other reasons offered for the quit and what if any actions were taken by your company to continue the employment relationship:		

Completed By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**URGENT:** Please fax this form immediately to Sunwest Employer Services Inc., Fax Number: 602-778-9857  
 \*\*\*PLEASE DISCARD THE OLD NOTICE OF EMPLOYEE SEPARATION FORMS\*\*