

Termination of the Employment Report

The employment relationship between Branscome Inc. and its employees is at-will and voluntary. This is not a contract.

General Information						
Employe	e Name (Last, First M.I.):					
Employee Number:		Job Classification:				
Social Security Number:		Supervisor:				
,		·				
Date of Report:		Termination Date:				
Date of Hire:		Last Day Worked:				
Years of Service:		Region/Divison:				
Termination Information						
Termination Type						
	Resignation Discharge Permanent Layoff Retirement					
Failure to return to work from approved leave of absence						
Other:						
Termination Reason						
Attendance (Tardiness, Excused/Unexcused)						
Theft, Embezzlement, Dishonesty, Falsifying Records, Disclosing confidential information Violation of Company Safety Policy						
Failure to follow Instructions or Insubordination						
Negligence which results, or could result in harm to another person or damage to property/equipment						
Harassing, Threatening, Coercing, Intimidating, or Engaging in violence with another employee						
Violation of Company's Rules/Standards of Conduct						
Other:	on or company s hales, stand					
Date notified IT of termination:			Rehire?	Yes	No	
Company property and equipment returned?						
Remarks						
ks V						
Company						
Ŭ ≃						
a va						
ye. rks						
Employee						
Rei						
Approvals						
Supervisor: Title:						
Management:		Title:				

Confidential: This document is the property of Branscome Inc. and may not be copied or disclosed to others without authorization.