



# Termination Report

## Form 14A

Name \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

SSN \_\_\_\_\_

Termination Date (MM/DD/YY) \_\_\_\_\_

Mail Final Paycheck     Yes     No

### Type of Separation (Check one)

Resignation (Attach letter of resignation)

Mutual agreement

Seasonal or part time work completed

Dismissal

Other

### Reason for Separation (Check one)

Changing jobs

Health

Family

Absenteeism/Lateness

Incompetence

Reduction in staff

Other (Specify) \_\_\_\_\_

### Employee Evaluation (Check one)

#### Attendance

Unsatisfactory     Fair     Satisfactory     Good     Excellent

#### Cooperation

Unsatisfactory     Fair     Satisfactory     Good     Excellent

#### Initiative

Unsatisfactory     Fair     Satisfactory     Good     Excellent

#### Quality of Work

Unsatisfactory     Fair     Satisfactory     Good     Excellent

### Recommendation (Check one)

Rehire without reservation

Rehire with some reservation

Would not recommend rehire

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature Date \_\_\_\_\_

\_\_\_\_\_  
Administrative Signature Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature Date \_\_\_\_\_