

Termination Report

| Legal Name: | | | | | | | | | | | |
|--------------------|--|------------------|------------------------|--------------------|----------------------------------|-----------------------|------------------|-----------------|----------------|--|--|
| | | | | | | Department: | | | | | |
| Termination Date: | | | | | | | | | | | |
| Rea | son for Termination (C | heck one): | | | | | | | | | |
| <u>Involuntary</u> | | <u>Voluntary</u> | | | Lack of Work | | | | | | |
| П | Attendance or Tardiness | | (Attach Resignation) | | | Fnd o | f Season | | | | |
| | Failed Probationary Period | | ☐ Accepted Another Job | | | | f Temp. Assignme | nt | | | |
| | Failure to Perform Job | | | - | Did Not Return From ☐ Other (Spe | | | | - | | |
| | Duties | | | Leave | | | | | , , | | |
| | Falsification of Records | | | Dissatisfaction | | | | | | | |
| | Insubordination | | | Health Reasons | | | | | | | |
| | Leave Expired | | | Job Abandonment | | | | | | | |
| | Unsatisfactory Work | | | Personal | | | | | | | |
| | Performance | | | | | | | | | | |
| | Violation of Company | | | | | | | | | | |
| | Policy | | | Returned to School | | | | | | | |
| Ш | ☐ Other (Specify Below) ☐ Ot | | | | | Other (Specify Below) | | | | | |
| | ther, Specify: | | | | | | | | | | |
| | | | | an Indiana | | Ovality of Moule | | | | | |
| <u> </u> | <u>ttendance</u> <u>Cooperat</u> | | <u>ion</u> | | <u>Initiative</u> | | | Quality of Work | | | |
| | Excellent | ☐ Excelle | nt | | | Excellent | | | Excellent | | |
| | Good | Good | | | | Good | | | 3333 | | |
| | Satisfactory | □ Satisfa | ctor | | | Satisfactory | | | Satisfactory | | |
| | Fair | ☐ Fair | -eı | | | Fair | | | Fair | | |
| Ч | Unsatisfactory | Unsatis | stact | ory | ч | Unsatisfactory | / | ш | Unsatisfactory | | |
| Rec | ommendation (Check (| One): | | | | | | | | | |
| | □ Rehire without reservation □ Rehire with some reservation □ Would not recommend rehire | | | | | | | | | | |

| Additional Comments: | |
|-----------------------------|-------------------|
| | |
| Supervisor Signature: | Date: |
| For Administrative Office | |
| Employee's Last Day Worked: | Final Check?YesNo |
| Administrative Signature: | Date: |
| Superintendent Signature: | Date: |