



PO BOX 663 • 1721 HCR 3106
HILLSBORO, TX 76645
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EMPLOYEE TERMINATION FORM

Employee Name: _____ Employee No. _____

Social Security Number: _____ Supervisor: _____

Hire Date: _____ Last Day of Work (Term Date): _____

Position When Hired: _____ Position When Leaving: _____

Reason for Termination:

- Voluntary Termination
- Reduction in Work Force
- End of Season/Temporary Work
- Involuntary Termination

Explain: _____

Employee _____ Date _____

Supervisor _____ Date _____

Controller or HR Representative _____ Date _____