

Ed Koehn Automotive Group

Employee Separation Form



Employee Name	Date of Hire
Company (Store) Name	Date of Separation
Last Payroll Ending Date	Hours Worked
Last Physical Day Worked	Owed to Company: \$
Job Title	

Type of Separation

<input type="checkbox"/> Layoff / Lack of Work (if temporary, anticipated return date _____)	
<input type="checkbox"/> Quit <input type="checkbox"/> Moving <input type="checkbox"/> Work closer to home <input type="checkbox"/> Maternity <input type="checkbox"/> Travel is too far <input type="checkbox"/> Job abandonment <input type="checkbox"/> Stay home w/ newborn <input type="checkbox"/> Retirement <input type="checkbox"/> Other Employment - <i>Name of Company</i> <input type="checkbox"/> Other (<i>explain in detail</i>)	
<input type="checkbox"/> Discharge <input type="checkbox"/> No call / No show <input type="checkbox"/> Tardiness <input type="checkbox"/> Fighting <input type="checkbox"/> Intoxication on the job <input type="checkbox"/> Violation of company rule (<i>explain below</i>) <input type="checkbox"/> Insubordination (<i>explain below</i>) <input type="checkbox"/> Unauthorized use of company equipment <input type="checkbox"/> Falsified company records <input type="checkbox"/> Other (<i>explain in detail</i>)	
Supervisor Statement (<i>include details for discharge, if appropriate</i>):	
Employee Statement:	
Supervisor Signature	Date
Witness Signature	Date
Employee Signature	Date

Employee refused to sign _____