

61st Street Service Corporation

14 East 60th Street, PH Floor

New York, NY 10022

Tel: (212) 326-8462

Fax: (212) 326-8700

PERSONNEL NOTICE OF TERMINATION

Due in Human Resources Office One Week Prior To Effective Date

Name _____ Soc. Sec.# _____ Date Issued _____

Date of Employment _____ Date of Termination _____

Job Title _____ Location _____

Status FT PTR PT CA TP Base Salary _____

Department _____

Department Telephone Number _____

Accrued Hours Unused/Earned _____

APPROVED BY: Department _____

APPROVED BY: Human Resources _____

REASON FOR TERMINATION

VOLUNTARY

1. () To look for other employment (explain)
2. () To accept other work (where)
3. () Transfer to another practice within Service Corporation
4. () Dissatisfaction with job (explain)
5. () Change in residence (please indicate forwarding address below)
6. () To attend school (where and when)
7. () Military Service
8. () Home duties (explain)
9. () Voluntary retirement
10. () Illness (not eligible or chose not to apply for leave or leave has expired)
11. () Pregnancy (not eligible or chose not to apply for leave or leave has expired)
12. () Commuting problems
13. () Never showed up or called
14. () Failed to return from LOA
15. () Other voluntary leaving (explain below)

INVOLUNTARY

16. () Refused to follow instructions
17. () Broke Service Corporation policy
18. () Under the influence of drugs or alcohol
19. () Falsified application
20. () Absenteeism
21. () Improper conduct
22. () Discourtesy
23. () Other misconduct

OTHER

- 24. () Laid off (insufficient work)
- 25. () Disability (not eligible or chose not to apply for leave or leave has expired)
- 26. () Normal retirement
- 27. () Unsatisfactory performance (explain)
- 28. () Unsatisfactory references
- 29. () Disability retirement
- 30. () Temporary/Vacation Relief
- 31. () Health
- 32. () Deceased
- 33. () Other reasons (explain below)

Would you rehire? (Y) (N) Explain *(REQUIRED TO BE COMPLETED BY DEPARTMENT IF NO IS CHECKED)

Give complete details regarding termination:

Employee Comments:

Supervisor Signature

Date:

Employee's Signature

Date:

FOR OFFICE USE ONLY

Exit Interview _____

Date _____

Interviewer _____

61st Street Service Corporation

TERMINATION CHECK LIST

NAME: _____ DATE: _____

DEPARTMENT: _____

Each employee must have this form signed and completed before the last check is released.

_____ - Keys (Building) (Office)

_____ - ID Badge

_____ - Credit Card (s)

_____ - Cellular Phones

_____ - Computer/Printer/Fax

_____ - Employee Handbook

_____ - Other

ADDRESS TO FORWARD CHECK TO: _____

Signature of Terminating Employee

Department Signature

Date

ALL ITEMS MUST BE RETURNED BEFORE RELEASE CAN BE GIVEN FOR THE FINAL PAYROLL CHECK TO BE ISSUED.